

Case Number:	CM15-0131568		
Date Assigned:	07/17/2015	Date of Injury:	05/01/2012
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male who sustained an industrial injury on 5-1-12. Diagnoses are lumbar disc displacement without myelopathy, lumbago, back disorder not otherwise specified, and spasm of muscle. In a visit note dated 4-1-15, the treating physician reports he has ongoing low back and lower extremity pain. He canceled his aqua therapy appointment several months ago because he was in too much pain. He has tried acupuncture and physical therapy and they both caused more pain. He was told he is permanent and stationary and will apply for retirement. It is noted that at this point, the injured worker is only interested in injections and medications. Straight leg raise is positive. In a visit note dated 4-22-15, the treating physician reports current medications are Neurontin and Norco. He has a history of low back pain radiating into both lower extremities. Previous treatment includes physical therapy, chiropractic treatment, acupuncture, a lumbar epidural steroid injection, Tylenol with Codeine, Norco, Neurontin, non-steroidal anti-inflammatory medications, Flexeril, Baclofen, Ultram ER, transcutaneous electrical nerve stimulation, heat and ice. An MRI of the lumbar spine done 11-9- 13 shows minimal posterior annular bulging at L5-S1, unchanged from the prior examination, overall the lumbar spine is not significantly changed from 11-20-12. Work status is that he is retired. The requested treatment is an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary - MRIs and Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: MTUS/ACOEM recommends MRI L-spine if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI is not apparent. This request is not medically necessary.