

Case Number:	CM15-0132714		
Date Assigned:	07/20/2015	Date of Injury:	02/19/2014
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, Hawaii
 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 43 year old male who sustained an industrial injury on 2/19/14. Most recent progress note found dated 3/10/15 reports complaints of continued lower back pain. He had a recent flare up with increased right leg pain, numbness in his thigh with sharp pain on his buttocks and lumbar region, going into his thigh. Finished aqua therapy which helped tremendously. Low back pain is rated 9/10 and his right leg pain is 8-9/10. Pain medication and ice help. Diagnoses include: post traumatic L4-5 and L5-S1 disc bulge/protrusion with small annular tears with associated axial low back pain and intermittent radiculopathy with no significant central or foraminal stenosis, posttraumatic L3-4 disc bulge indenting the thecal sac without stenosis, congenital stenosis with mild to moderate spondylolitic in the upper cervical spine with stenosis. Plan of care includes: request Norco 10/325 mg 1-2 three times per day as needed #180 and advised to take flexeril and naproxen during flare up. Work status: restrictions 3 hours a day, 3 days per week with a 20-pound lifting restriction, sitting, and standing and walking as tolerated. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeated MRI of the lumbar spine: 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), Treatment Index, 13th Edition (web) 2015, Low Back, and MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Repeated MRI of the Lumbar Spine. The report with this request was not submitted for review. The treating physician states in the report dated 3/10/15, "Post traumatic L4-5 and L5-S1 disc bulge/ protrusion with small annular tears with associated axial low back pain and intermittent radiculopathy with no significant central or foraminal stenosis. Post traumatic L3-4 disc bulge indenting the thecal sac without stenosis." (55B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has not documented any significant changes in the patient's symptoms and there are no red flags noted to indicate the medical necessity for a repeat MRI. The current request is not medically necessary.