

Case Number:	CM15-0133684		
Date Assigned:	07/21/2015	Date of Injury:	04/26/2008
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury on 4/26/08. Progress report dated 6/5/15 reports continued complaints of low back pain with radiation of pain to right foot with decreased range of motion and stiffness. The pain is rated 9/10. Diagnoses include: disc disease, chronic lumbar radiculopathy, myalgia and myositis and degeneration of lumbar or lumbosacral intervertebral disc. Plan of care includes: lumbar MRI rule out herniated nucleus pulposus, request surgical consult and toradol injection. Work status: light duty. Follow up on 7/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI R/O worsening HNP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, a previous MRI of the lumbar spine was done 12/6/08, and demonstrated disc herniations at multiple levels without mass effect. A progress note dated 6/29/15 requests a repeat MRI, documenting exam findings of positive straight leg raise, some motor weakness on the right vs. left leg (4/5 vs. 5/5 manual muscle testing). There is no statement indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. However, there is documentation of 5/5 bilateral lower extremity strength in a progress note from March 2015. Given the change in exam findings, the currently requested repeat lumbar MRI is medically necessary.