

Case Number:	CM15-0134041		
Date Assigned:	07/22/2015	Date of Injury:	12/04/2013
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 12/04/2013. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral strain, spinal stenosis and lumbar degenerative disc disease. There was no documentation of invasive lumbar surgical interventions performed. Treatment to date has included diagnostic testing with recent electro diagnostic studies of the lower extremities on April 10, 2015, chiropractic therapy, physical therapy and medications. According to the treating physician's progress report on May 28, 2015, the injured worker continues to experience low back and bilateral leg pain with numbness and weakness. Examination demonstrated tenderness to palpation with some associated spasm in the mid and lower lumbar region. There was limited range of motion with forward flexion to approximately 20 degrees and extension to 5-10 degrees with pain. Lateral bending was approximately 5 degrees producing pain. Straight leg raise was slight to moderately positive at 50 degrees bilaterally. The right ankle dorsiflexors were noted at 1-2/5 with diminished sensation at the dorsum of the right foot. Reflexes were diminished and symmetrical. The bilateral hips noted full range of motion without thigh or groin pain. Current medications are listed as Tramadol and Ibuprofen. Treatment plan consists of continuing with medication regimen and the current request for lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Magnetic resonance imaging (MRI).

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

Decision rationale: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRI. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had similar exam findings. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.