

Case Number:	CM15-0135048		
Date Assigned:	07/23/2015	Date of Injury:	01/04/2007
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 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 44-year-old male, who sustained an industrial injury on 1/04/2007. The injured worker was diagnosed as having low back pain radiating down to bilateral legs and neck pain. Treatment to date has included diagnostics, physical therapy, epidural injections, and medications. An Agreed Medical Examination (5/27/2015) noted marked symptom magnification with subjective complaints greatly in excess of objective findings. Imaging studies did not show evidence of a neural compressive lesion or instability to indicate the need for surgical intervention. He was determined to have reached maximum medical improvement. Currently, the injured worker complains of low back pain with radiation down the bilateral legs. He reported back pain with radiation down the lower extremities and neck pain since injury in 10/2013. Medications included Tramadol, Hydrocodone, Ambien, Naprosyn, and Norco. X-ray of the lumbar spine showed mild degenerative scoliosis in the lumbar spine and severe degenerative disc disease and spondylosis at L4-5 and L5-S1. Magnetic resonance imaging of the lumbar spine (11/23/2013) was submitted. The treatment plan included updated magnetic resonance imaging of the lumbar spine. His work status was documented as total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine no contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had an MRIO in 2013, which indicated foraminal stenosis of L1-S1 and disc protrusinos at L1-L4. This is consistent with current exam findings. The request for another MRI of the lumbar spine is not medically necessary.