MAXIMUS Federal Services

Case Number:	CM15-0135169		
Date Assigned:	07/21/2015	Date of Injury:	08/19/2013
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year-old male who sustained an industrial injury on 08/19/13. He reported neck and left shoulder pain. Initial diagnoses are not available. Current diagnoses include myoligamentous strain of the cervical spine and lumbar spine, inflammatory process of the left shoulder with stiff shoulder syndrome, and status post lumbar laminectomy. Diagnostic testing and treatment to date has included x-rays, MRI 2013, lumbar surgery, laboratory analysis, and topical/oral pain medication management. The injured worker declined physical therapy and acupuncture. Currently, the injured worker complains of continuous low back pain radiating down the left lower extremity to his feet with numbness, tingling, and weakness. His pain is rated as an 8 on a scale of 1-10, and movement increases the pain. Physical exam of the lumbar spine is remarkable for tenderness to palpation about the left sacroiliac joints and left sciatic notch. Range of motion is reduced; he walks with an antalgic gait on the left. Walking on tiptoes and heels produces pain in the lumbar spine. Straight leg raising is positive on the left. Current plan of care includes pain management evaluation in consideration for lumbar spine injection. Requested treatments include MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1. The injured worker's disability status is permanent and stationary with restrictions. Date of Utilization Review: 07/07/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Lower Back (Acute & Chronic) last updated 05/15/15.

MAXIMUS 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 - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 08/19/13. The medical records provided indicate the diagnosis of myoligamentous strain of the cervical spine and lumbar spine, inflammatory process of the left shoulder with stiff shoulder syndrome, and status post lumbar laminectomy. Treatments have included back surgery, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1. The medical records indicate they had back surgery in 2011, he had Lumbar MRI in 2013, although he has continued to suffer from pain and low extremity weakness, there is no evidence of progressive neurological loss since the last lumbar MRI. The MTUS recommends against over reliance on imaging studies; however, it is silent on repeat MRI. The Official Disability Guidelines does not recommend repeat Lumbar MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).