

Case Number:	CM15-0136530		
Date Assigned:	07/24/2015	Date of Injury:	11/21/2012
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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 was a 55 year old male, who sustained an industrial injury, November 21, 2012. The injury was sustained when driving a vehicle for the job; the injured worker was rear-ended by another vehicle. The injured worker previously received the following treatments Anaprox, Fexmid, Ultram, lumbar spine MRI on October 21, 2013 which showed disc herniation of L4-L5 and L5-S1 with mild discogenic changes noted at L2-L3 and L3-L4, acupuncture, physical therapy, chiropractic services, injections and x-rays of lumbar spine and right knee surgery. The injured worker was diagnosed with cervical region sprain, lumbar strain, disc herniations of L4-L5 and L5-S1, right knee internal derangement, status post right total arthroplasty and possible additional right knee. The motor exam involving the cervical and lumbar spine was all 5 out of 5 in strength. The heel and toe walk were normal. There was some back pain with radiation down the right leg. The cervical or lumbar spine in the future was somewhere between 5% and 10% and was not indicated currently. According to progress note of May 20, 2015, the injured worker's chief complaint was pain in the neck, with pain, numbness and tingling in the right shoulder and arm. The physical exam noted normal sensory of the cervical and lumbar spine. The treatment plan included lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work-related injury in November 2011 as the result of a motor vehicle accident. He had an MRI of the lumbar spine in October 2013. When seen, he was having bilateral knee pain and neck and low back pain w/p radiating symptoms. There was decreased cervical and lumbar spine range of motion with tenderness with a normal neurological examination. There was a mildly antalgic gait. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology and a normal neurological examination is documented. The requested MRI was not medically necessary.