

Case Number:	CM15-0136886		
Date Assigned:	07/24/2015	Date of Injury:	06/18/2014
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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(n) 36 year old female, who sustained an industrial injury on 6/18/14. She reported injury to her back related to a motor vehicle accident. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included a lumbar MRI on 4/21/15 showing a 4mm protrusion at L5-S1, a pulmonary stress test, chiropractic treatments, oral pain medications and acupuncture. As of the PR2 dated 3/12/15, the injured worker reports lower back pain that radiates to the legs. She rates her pain a 7/10 and has difficulty sleeping due to the pain. Objective findings include decreased lumbar range of motion. On 6/19/15, the injured worker rated her pain a 5/10 in the lower back that radiated to the right leg. The treating physician noted a negative straight leg raise test and decreased lumbar range of motion. The treating physician requested a lumbar MRI.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 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, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine (which was noted on 4/21/15, which is relatively recent). In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.