

Case Number:	CM15-0138528		
Date Assigned:	07/28/2015	Date of Injury:	06/25/2010
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 41-year-old male with an industrial injury dated 06/25/2010. The injured worker's diagnoses include L5 disc protrusion with radicular symptoms at L4-L5 and L5-S1. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/17/2014, prescribed medications, physical therapy, chiropractic treatment, occupational therapy and periodic follow up visits. In a progress note dated 05/22/2015, the injured worker reported low back pain with radicular symptoms of the bilateral lower extremities. Objective findings revealed positive Spurling's, tenderness to palpitation in the cervical spine and lumbar spine and positive bilateral straight leg raises. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the lumbar spine now under review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI (magnetic resonance imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had an MRI of the lumbar spine on 12/17/14. There is no evidence in the available documentation of a significant change in signs, symptoms, or physical presentation that would warrant a repeat MRI of the lumbar spine. The request for MRI of lumbar spine is not medically necessary.