

Case Number:	CM15-0138740		
Date Assigned:	07/28/2015	Date of Injury:	12/07/2004
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
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 54 year old male with an industrial injury dated 12/07/2004. His diagnoses included low back pain, degenerative lumbar disc, lumbar facet joint syndrome, sciatica, bulging disc and spinal stenosis. Prior treatment included physical therapy, oral medications, topical medications and spinal injections. He presents on 05/06/2015 for follow up. He reports his pain is worsening. He reports pain in the bilateral aspects of the lower lumbar spine radiating down to the lower extremities. He reports difficulty sleeping due to pain. He rates his pain as 8-9/10. Physical exam of the lumbar spine revealed tenderness across lumbar paraspinal muscles. Lumbar range of motion was limited. Straight leg raising on the left was positive. The results of MRI of the lumbar spine dated 5/13/13 are documented in the note. The provider documents the injured worker has failed conservative care treatment options such as physical therapy, oral medications and topical medications. No significant change in symptoms are noted. The rationale for the request for the MRI is due to the fact that he is not improving. The treatment request is for MRI lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the issue of repeat lumbar MRI scanning. ODG Guidelines address this issue and they do not support repeat scanning unless there is a substantial change in clinical presentation or subjective complaints. This request does not meet these Guideline criteria. No substantial clinical changes are documented and the stated rationale for the repeat MRI is due to persistent symptoms and not due to a change in signs or symptoms. Under these circumstances, the request for the repeat MRI lumbar without contrast is not supported by Guidelines and is not medically necessary.