

Case Number:	CM15-0139151		
Date Assigned:	07/29/2015	Date of Injury:	04/19/2012
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old male sustained an industrial injury on 4/19/12. He subsequently reported low back pain. Diagnoses include lumbar disc herniation, lumbar disc degeneration and radiculopathy. Treatments to date include x-ray and MRI testing, chiropractic care, back surgery, physical therapy and medications. The injured worker continues to experience low back pain. Upon examination, there is decreased lumbar range of motion noted. The treating physician made a request for MRI (magnetic resonance imaging) Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back & Magnetic resonance imaging (MRIs).

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

Decision rationale: ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. In this case, the patient had an MRI of the lumbosacral spine just two years ago, on 7/26/2013. In the interim, no significant changes in symptoms or physical findings on the neurologic exam have been documented. Therefore, a repeat MRI is not justified or medically necessary.