

Case Number:	CM15-0142767		
Date Assigned:	08/03/2015	Date of Injury:	03/23/1986
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 70 year old female, who sustained an industrial injury on March 23, 1986. Treatment to date has included lumbar laminotomy and fusion, pain medications, and home exercise program. Currently, the injured worker complains of increasing pain in the low back which radiates down the right lower extremity. She rates her pain an 8.5 on a 10-point scale without the use of medications and a 5 on a 10-point scale with medications. On physical examination the injured worker exhibits a normal gait and normal heel-toe walking. She has mild tenderness to palpation over the lumbar paravertebral muscles bilaterally and has intact sensation in the bilateral lower extremities. She has a normal range of motion of the lumbar spine and normal motor strength in the bilateral lower extremities. The diagnoses associated with the request include bilateral greater trochanteric bursitis, bilateral lumbar radiculopathy, lumbar spondylolisthesis, cervical segment degeneration, lumbar stenosis and status post lumbar bilateral laminectomy. The treatment plan includes MRI of the lumbar spine, Vicodin, Celebrex, and Lidoderm patches.

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, with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - MRI (magnetic resonance imaging).

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

Decision rationale: The request for an MRI (magnetic resonance imaging), lumbar spine, with and without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The request for MRI of the lumbar spine is not medically necessary.