

Case Number:	CM15-0143784		
Date Assigned:	08/04/2015	Date of Injury:	09/01/2011
Decision Date:	09/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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 39 year old male with an industrial injury dated 09-01-2011. The injured worker's diagnosis includes lumbar sprain and strain. Treatment consisted of electromyography (EMG), nerve conduction velocity (NCV), prescribed medications, home exercises and periodic follow up visits. In a progress report dated 05-22-2015, the injured worker reported chronic low back pain with left radiculopathy with tingling sensation. Objective findings revealed tender spinal and paraspinal muscle of the lumbar spine, pain with full range of motion of the lumbar spine, and positive facet loading maneuver. In a more recent progress note dated 06-30-2015, the injured worker reported lower back pain. Objective findings revealed that the right mid anterior thigh, right mid lateral calf, and right lateral ankle light touch sensation were all intact. 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 the 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 (ODG), Low Back- Lumbar & Thoracic.

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 a lumbar MRI on 11/28/11. Since that MRI, he has developed new symptoms of radiculopathy and was approved for a repeat lumbar MRI on 5/28/15. It is unclear if that MRI was conducted and if it was, there are no results available for review with this request. It is unclear why another MRI is being requested at this time. The request for MRI of the lumbar spine is not medically necessary.