

Case Number:	CM15-0160946		
Date Assigned:	08/27/2015	Date of Injury:	07/23/2007
Decision Date:	10/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on 7-23-2007. He has reported left lumbar, left sacroiliac, lumbar, right lumbar, right sacroiliac, left cervical, cervical, right cervical, sacral, left buttock, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, left posterior leg, left posterior knee, left calf, left ankle, left foot, and right anterior knee pain and has been diagnosed with cervical IVD disorder with myelopathy, lumbar IVD disorder with myelopathy, lumbar fusion, status post op, and knee arthroscopic surgery. Treatment has included medications, physical therapy, medical imaging, injections, and surgery. The cervical range of motion was reduced. Lumbar range of motion was reduced. The treatment plan included a MRI of the cervical and lumbar spine and medications. The treatment request included a repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The patient presents with lumbar spine, thoracic spine, cervical spine, bilateral posterior/anterior knee, bilateral calf, right foot, bilateral posterior/anterior elbow, bilateral posterior hand, bilateral anterior wrist, left anterior shoulder pain and headache. The patient is status post lumbar fusion from 04/14/2014. The current request is for Repeat MRI Lumbar. The treating physician's report dated 07/17/2015 (154B) does not provide a rationale for the request. Previous MRI reports were not made available. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states 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 and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines under the Low Back chapter on MRI also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The 07/17/2015 report notes palpable tenderness of the bilateral medial joint line with crepitus and edema. In this case, the patient does not report new trauma or injury and there are no red flags or progressive neurological deficits noted. The progress report does not show any signs of radiculopathy. The current request is not medically necessary.