

Case Number:	CM15-0169123		
Date Assigned:	09/09/2015	Date of Injury:	06/11/2006
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old who sustained an industrial injury on 6-11-06. The injured worker reported lumbar spine pain with radiation to the bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago and lumbosacral radiculopathy. Medical records dated did not indicate a pain rating on a visual analog scale of 1 out of 10. Provider documentation dated 7-21-15 did not note the work status of the injured worker. Treatment has included Ultram and a magnetic resonance imaging noted to be 8 to 9 years ago. Objective findings dated 7-21-15 were notable for symmetrical joints, cervical, thoracic, lumbar and sacral spine non-tender to palpation with provider documentation of full range of motion. The treating physician did not indicate that a urine drug testing was performed recently in the 7-21-15 documentation. The original utilization review (7-28-15) denied a magnetic resonance imaging without contrast (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in June 2006 and is being treated for low back pain with lower extremity radiating symptoms. When seen, symptoms had been constant since onset. A prior MRI scan had been done 8-9 years before. Physical examination findings were positive straight leg raising with radiculopathy. An MRI of the lumbar spine is being requested. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms as the requesting provider documents constant symptoms since onset. There are no documented neurological deficits. The prior MRI was not reviewed including the symptoms present when it was obtained. The requested repeat lumbar MRI was not medically necessary.