

Case Number:	CM15-0169511		
Date Assigned:	09/10/2015	Date of Injury:	01/02/2001
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina, Georgia

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:

The injured worker is a 70 year old male, who sustained an industrial injury on 01-02-2001. The injured worker is currently retired. No diagnoses noted in received medical records. Treatment and diagnostics to date has included a rhizotomy, bilateral lumbar transforaminal epidural steroid injections, and medications. Current medications include Celebrex. In a progress note dated 07-02-2015, the injured worker presented for a follow up on his low back. It is noted that the epidural steroid injections have not been working well and that the injured worker has continued to have a great deal of pain and difficulty. Objective findings included intact motor tone and sensation with a slightly crouched forward gait at the waist with tenderness to the L5 spinous process. The physician noted that the injured worker "has not had an MRI scan in many years" and that his left leg radiculopathy is becoming much worse. The Utilization Review with a decision date of 08-12-2015 denied the request for 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:

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record contains no objective findings of any nerve root compromise of any other red flag findings. Additionally the submitted records state that conservative therapy, and not surgery, is the recommended course of treatment for the claimants current symptoms. There is no medical indication for an MRI of the lumbar spine and this request is not medically necessary.