

Case Number:	CM15-0169916		
Date Assigned:	09/10/2015	Date of Injury:	03/30/2009
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
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: California, North Carolina
 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 52 year old female, who sustained an industrial injury on 3-30-2009. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis. She is working full duty without restrictions. The request for authorization is for: magnetic resonance imaging of the lumbar spine. The UR dated 8-26-2015, non-certified the request for magnetic resonance imaging of the lumbar spine. On 7-21-2015, she reported no new pain and that her hip pain was moderate to severe depending on the activity. She is working full duty without restrictions. She indicated she had been working more hours due to filling for others who are off work. She has a recent diagnosis of pre-diabetes. She indicated recently experiencing more right hip pain. She reported trying home remedies to help. She indicated she did not want injections. She rated her pain 4-5 out of 10 with medications and 8-9 out of 10 without medications. On 8-18-2015, she reported hip pain. Despite yearly radiofrequency rhizotomies, physical therapy, and injections she reported increased and frequent pain. She rated her pain 5 out of 10 and denied radiation of the pain. The provider noted there was no evidence of medication dependency or abuse. Her current medication regimen was noted to provide adequate relief. The provider noted her pain to be approximately 35% worse and that her functional status was decreased. She is indicated to attain 50% pain relief with radiofrequency ablation. Physical therapy is noted to have given great benefit. Physical findings are noted as a restricted range of motion of the lumbar spine, loss of normal lordosis with straightening of the lumbar spine and midline shift, muscle spasms and tenderness are noted. Testing revealed a negative straight leg raise, positive Faber and patrick,

normal heel and toe walk, negative Waddell's sign, negative pelvic compression, and negative sacroiliac joint compression and distraction. The treatment to date has included: cortisone injection, physical therapy (at least 6 sessions completed), radiofrequency rhizotomy (done yearly per the treating physician), medications, and home exercises. Diagnostic testing has included: magnetic resonance imaging (2009)

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: 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 Guidelines state that repeating imaging studies such as an MRI is not indicated unless there has been a substantial change in symptoms or objective physical findings. Physical finding changes include a loss of reflexes and/or dermatomal sensory loss and/or muscle weakness since the previous study. In addition a new injury occurring since the previous MRI may be an indication for a repeat MRI. In this case, the patient had a previous lumbar MRI on 6/17/09 which revealed non-surgical degenerative changes with disc bulging and moderate bilateral neuroforaminal narrowing. The patient has no documented subjective or objective changes and no new injury. Therefore the request is not medically necessary or appropriate.