

Case Number:	CM15-0180150		
Date Assigned:	09/22/2015	Date of Injury:	09/09/1998
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This is a 58-year-old male with a date of industrial injury 9-9-1998. The medical records indicated the injured worker (IW) was treated for chronic pain syndrome; lumbar facet joint pain; lumbar degenerative disc disease; low back pain; lumbar strain; numbness; and muscle pain. In the 8-25-15 progress notes, the IW reported low back pain and right lower extremity numbness, tingling and burning pain, rated 9 to 10 out of 10, with swelling in the feet and ankles. He reported his pain was worse since his last visit and denied new symptoms or neurological changes. Medications were reportedly still helpful for the pain and increased functioning. Objective findings on 8-25-15 included a slight decrease in right lower extremity strength secondary to pain, without sensory deficits. Reflexes were +2 and symmetric. There was tenderness over the lumbar paraspinals, worse on the right, increased pain with flexion and extension and positive straight leg raise on the right. Treatments included home exercise program, H-wave unit, physical therapy, chiropractic therapy, injections and medications (Celebrex, Zohydro ER). There was no record of a previous MRI of the lumbar spine or documentation of a significant change in the IW's symptoms. A Request for Authorization dated 8-26-15 was received for an MRI of the lumbar spine, as an outpatient for submitted diagnosis low back pain with sciatica. The Utilization Review on 9-4-15 non-certified the request for an MRI of the lumbar spine, as an outpatient for submitted diagnosis low back pain with sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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), Work Loss Data Institute, Low Back - Lumbar & Thoracic (acute & chronic) (updated 07/17/2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not support the medical necessity of lumbar MRI studies unless there are "red flag" conditions (i.e. suspected infection, tumor or instability) and/or persistent or progressive neurological dysfunction. The ODG Guidelines are more specific regarding repeat MRI studies and they do not recommend repeat MRI studies unless there is a substantial change in an individual's condition. These Guideline standards have not been met. There is reported to be more right sided pain, however the same narrative states that there is not changes in pain other than a flare up. There are no objective changes in neurological functioning with normal sensory and motor exam documented. In addition, there is no review of prior diagnostic testing i.e. dates and results of prior MRI(s). At this point in time, the request is not supported by the current documentation and is not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines the lumbar MRI are not medically necessary.