

Case Number:	CM15-0188488		
Date Assigned:	09/30/2015	Date of Injury:	08/24/2005
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

This injured worker is a 50 year old female, who sustained an industrial injury on 08-24-2005. The injured worker was diagnosed as having lumbago. On medical records dated 09-01-2015 and 8-01-2015, the subjective complaints were noted as pain in back. Pain was progressively getting worse. Objective findings were noted as having a decreased range of motion in the back and pain with range of motion in the back. Treatments to date included medication, laboratory studies and injections. Current medications were listed as Ibuprofen, Flexeril, Fluoxetine, Norco and Omeprazole. The Utilization Review (UR) was dated 09-11-2015. A request for MRI of the lumbar spine was submitted. The UR submitted for this medical review indicated that the request for MRI of the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

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) Chapter, under MRIs.

Decision rationale: The patient presents with back pain. The request is for MRI OF THE LUMBAR SPINE. The request for authorization is not provided. Physical examination of the lumbar spine reveals decreased range of motion with pain. Knee jerks 2+ and ankle jerks 2+. Patient's medications include Ibuprofen, Flexeril, Fluoxetine, Norco, and Omeprazole. The patient's work status is not provided. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI of the Lumbar Spine. However, physical examination findings show no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request IS NOT medically necessary.