MAXIMUS Federal Services

Case Number:	CM15-0190112		
Date Assigned:	10/02/2015	Date of Injury:	03/03/2010
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 50 year old female, who sustained an industrial injury on March 3, 2010. The initial symptoms reported by the injured worker are unknown. Current diagnoses included lumbar spondylosis with myelopathy. Treatment to date has included diagnostic studies, home exercises, medication, acupuncture, physical therapy and transcutaneous electrical nerve stimulation unit. On April 20, 2015, progress report notes indicated an (undated) MRI showed L5-S1 3-4mm disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. On August 20, 2015, the injured worker complained of constant, moderate pain in her lumbar spine described as sharp. She also reported numbness over the lumbar spine. The pain was aggravated by bending forward at the waist and prolonged sitting. Physical examination of the lumbar spine revealed plus three spasm and tenderness to the bilateral lumbar paraspinal muscles form L1 to S1 and multifidus. Kemp's test and Yeoman's were positive bilaterally. The straight leg raise test was positive on the right and the right Achilles reflex was noted to be decreased. The treatment plan included updated MRI and NCV-EMG studies. On September 16, 2015, utilization review denied a request for an 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 for the 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: This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records, therefore is not medically necessary.