

Case Number:	CM15-0190814		
Date Assigned:	10/02/2015	Date of Injury:	09/23/2011
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
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: California, Hawaii

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 9-23-2011. The injured worker was being treated for bilateral shoulder internal derangement, chronic sprain-strain of the thoracolumbar spine and associated musculoligamentous structures, and herniated lumbar discs with radiculopathy, status post surgery. Treatment to date has included diagnostics, lumbar spinal surgery in 2011, and medications. On 7-27-2015, the injured worker complains of bilateral shoulder pain and "increasing" back pain. It was documented that magnetic resonance imaging from 2013 was "stale." Most recent magnetic resonance imaging of the lumbar spine (8-17-2013) was documented as revealing an 8mm disc herniation at L4-L5 and a 7mm disc herniation at L3-L4. Exam of the back noted tenderness from L4 through S1, flexion 62 degrees, and extension 10 degrees. No other objective findings regarding the lumbar spine were documented on this date. Current medication regimen was not documented. Function with activities of daily living was not documented. He was not working and the treating physician documented pending right shoulder surgery. The treatment plan included magnetic resonance imaging of the lumbar spine due to increasing back pain and "probably a surgical candidate for his back," non-certified by Utilization Review on 8-31-2015.

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 Magnetic resonance imaging (MRIs).

Decision rationale: The medical records indicate the patient has chronic low back pain and is status/post lumbar spine surgery. The current request for consideration is an MRI of the lumbar spine. The attending physician requests an MRI for the purpose of assessment and impairment rating according to the 7/27/15 attending physician report, page (27B). The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." As stated above, the attending physician requests an MRI due to increasing low back pain. He states that an MRI is necessary for assessment to allow him to complete an impairment rating. The objective findings do not show any progressive neurological deficits or red flags to indicate a need for a repeat MRI. There is no documentation of any suspicion of cancer or infection and there is no signs of cauda equine syndrome. In this case, the treating physician has failed to document any findings that would warrant a repeat MRI. The available medical records are not consistent with guideline criteria for MRI examination and the request is not medically necessary.