

Case Number:	CM15-0193165		
Date Assigned:	10/07/2015	Date of Injury:	02/01/2008
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

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 47 year old female, who sustained an industrial injury on 2-1-2008. A review of the medical records indicates that the injured worker is undergoing treatment for disc disorder of the lumbar region, sacrum disorder, acquired spondylolisthesis, sacroiliac sprain-strain, and thoracic-lumbosacral neuritis-radiculitis. On 8-24-2015, the injured worker reported lower back pain rated 8 out of 10 at its worse and 7 out of 10 on average, improved with rest and medications. The Treating Physician's report dated 8-24-2015, noted the injured worker's current medications included Buprenorphine, Hydrocodone-Acetaminophen, Trazodone, Colace, Amitiza, Lyrica, meloxicam, and Suboxone. The lumbar spine examination was noted to show tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels, restricted and painful range of motion (ROM), and sensations equal in both lower extremities. The Physician noted a MRI report from 2012 showed the injured worker with spondylolisthesis of L4 and L5 with a large disc bulge as well as severer facet arthropathy was in the foraminal stenosis at the L4 to L5 and L5 to S1 levels. Prior treatments have included bilateral radiofrequency lesioning in 2013 and physical therapy. The treatment plan was noted to include a new MRI scan of the lumbar spine and consultation with an orthopedic surgeon to see if the injured worker would benefit from surgery at the L4-L5 and L5-S1 levels. The request for authorization dated 9-8-2015, requested Suboxone 4mg-1mg sublingual film Qty: 60.00 and a MRI of the lumbar spine without contrast Qty: 1.00. The Utilization Review (UR) dated 9-16-2015, approved the request for Suboxone 4mg-1mg sublingual film Qty: 60.00 and denied the request for a MRI of the lumbar spine without contrast Qty: 1.00.

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 without contrast Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index Current Edition (web), current year, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. The claimant had an MRI 2 years ago at which time a spine surgeon recommended a fusion. . The claimant was requested to see the surgeon again. Basis of another imaging can be justified if there is a confirmation of surgical planning at this point. The request for another MRI of the lumbar spine at the time of request is not medically necessary.