

Case Number:	CM15-0195477		
Date Assigned:	10/08/2015	Date of Injury:	03/25/2011
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
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: 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 51 year old male, who sustained an industrial injury on 3-25-11. The injured worker is being treated for low back pain, spasm of muscle, cervical pain and cervical disc disorder. Urine drug screen performed on 7-29-15 was consistent with medications prescribed. (MRI) magnetic resonance imaging of cervical spine and (EMG) Electromyogram studies have been performed in the past. Treatment to date has included oral medications including Neurontin 600mg, Buprenorphine 8mg, Norco 5-325mg, Oxycodone 30mg and Robaxin 750mg; 10 sessions of chiropractic treatment (provided moderate pain relief), home exercise program (provides mild pain relief, aqua therapy (provides mild pain relief), transcutaneous electrical nerve stimulation (TENS) unit (no significant relief), lumbar epidural steroid injection (mild pain relief), cane for ambulation and activity modifications. On 6-11-15 he complained of low back pain rated 4.5 out of 10 with medications and 8.5 out of 10 without medications and poor sleep quality; on 8-20-15, the injured worker complains of low back pain with radiation down bilateral legs rated 4 out of 10 with medications and 9 out of 10 without medications. He notes he is active at least 6 hours out of the day and taking medications as prescribed and medications are working well. Physical exam performed on 6-11-15 and on 8-20-15 revealed tenderness and spasm on palpation of bilateral paravertebral muscles with no limitation of range of motion and positive Phalen's sign. The treatment plan included (MRI) magnetic resonance imaging of lumbar spine due to new symptom of low back pain radiating to right leg. On 9-2-15 (MRI) magnetic resonance imaging of lumbar spine was non-certified by utilization review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

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

Decision rationale: Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and in 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.