

Case Number:	CM15-0196102		
Date Assigned:	10/09/2015	Date of Injury:	05/19/2007
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 41-year-old male who sustained an industrial injury on 5-19-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet syndrome, seizure disorder and low back pain. According to the progress report dated 4-21-2015, the injured worker rated his low back pain with medications as 5 out of 10 and without medications as 8 out of 10. The physician noted that the injured worker was experiencing intermittent radicular pain down the posterior aspect of the left knee. Per the treating physician (4-21-2015), the injured worker was permanent and stationary and was not currently working. The physical exam (4-21-2015) revealed an antalgic gait. Lumbar range of motion was restricted by pain. There was tenderness to palpation of the paravertebral muscles on the right side. Lumbar facet loading was positive on the right side. Light touch sensation was normal. Treatment has included spinal fusion, physical therapy and medications. Current medications (4-21-2015) included Ibuprofen, Norco, Skelaxin and Depakote. Previous magnetic resonance imaging (MRI) was in 2009. The original Utilization Review (UR) (10-1-2015) denied a request for magnetic resonance imaging (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 of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & thoracic (acute & chronic) updated 9/22/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.