

Case Number:	CM15-0197920		
Date Assigned:	10/13/2015	Date of Injury:	12/31/1998
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male who sustained an industrial injury on 12-31-98. The medical records indicate that the injured worker is being treated for discogenic low back pain; chondromalacia of both patellae; insomnia; myofascial pain syndrome; right rotator cuff tear. He currently (9-17-15) complains of mild to moderate dull achy low back pain (pain level of 8 out of 10) with radiation to the lateral aspects of the right and left leg, right and left foot; mild to moderate right shoulder pain; left and right knee pain, locking with radiation to the bilateral lower legs. On physical exam of the lumbar spine there was diffuse myofascial tenderness on palpation of the lumbar spine, right flank, left and medial low back and spasms of the lumbar spine, positive straight leg raise. Treatments to date were not present. Diagnostics regarding the lumbar spine were not present. The request for authorization dated 9-22-15 was for MRI of the lumbar spine. On 9-29-15 Utilization Review non-certified the request for 1 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:

One (1) 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: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of tissue insult, nerve impairment, or other red flags that would warrant the use of MRI, therefore, the request for one (1) MRI for the lumbar spine is not medically necessary.