

Case Number:	CM15-0203203		
Date Assigned:	10/19/2015	Date of Injury:	05/02/2013
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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, North Carolina
 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 24 year old male, who sustained an industrial injury on 5-2-13. He reported right knee and back pain. The injured worker was diagnosed as having lumbar radiculopathy, right hip arthralgia, and multilevel disc herniations of the lumbar spine with severe stenosis. Treatment to date has included 10 physical therapy sessions, 20 chiropractic treatments, 9 acupuncture treatments, and a lumbar epidural injection. Physical examination findings on 9-10-15 included decreased lumbar spine range of motion with decreased sensation on the L3-4 dermatomes on the right. Straight leg raise tests were positive bilaterally. On 9-10-15, the injured worker complained of back pain with radiation to the right leg and foot rated as 4 of 10. The treating physician requested authorization for a MRI of the lumbar spine. On 10-1-15 the request 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 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

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 (MRI).

Decision rationale: CA MTUS/ACOEM Guidelines do not address the use of repeat MRIs of the LS spine. ODG recommends repeat MRI when there is a significant change in symptoms and/or findings suggestive of significant pathology. Details regarding the patient's medical history were not provided for review. The last documentation was over 2 years ago (05/02/2013), so it is impossible to determine if significant changes, such as red flag conditions, have occurred that would justify a repeat MRI. Therefore due to the lack of information provided with this request, a repeat MRI is not medically necessary or appropriate at this time.