

Case Number:	CM15-0205042		
Date Assigned:	10/21/2015	Date of Injury:	11/01/2010
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 27 year old male, who sustained an industrial injury on 11-1-10. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, partial lumbarization of S1, retrolisthesis at L5-S1, and status post left L5-S1 microdecompression in 2013. Treatment to date has included 12 physical therapy sessions, epidural and facet injections, and medication including Tramadol and Soma. Physical examination findings on 9-4-15 included restricted lumbar spine range of motion with pain with extension, rotation, and palpation. The treating physician noted x-rays revealed partial lumbarization of S1 and a left L5 hemilaminotomy defect. On 9-4-15, the injured worker complained of low back pain. On 9-23-15, the treating physician requested authorization for a MRI of the lumbar spine with or without contrast. On 9-29-15 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 Lumbar Spine with or without Contrast: 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 requested MRI Lumbar Spine with or without Contrast , is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker is status post left L5-S1 micro decompression in 2013. Treatment to date has included 12 physical therapy sessions, epidural and facet injections, and medication including Tramadol and Soma. Physical examination findings on 9-4-15 included restricted lumbar spine range of motion with pain with extension, rotation, and palpation. The treating physician noted x-rays revealed partial lumbarization of S1 and a left L5 hemilaminotomy defect. The treating physician has not documented a positive straight leg-raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor evidence of an acute clinical change since previous imaging studies. The criteria noted above not having been met, MRI lumbar spine with or without contrast is not medically necessary.