

Case Number:	CM15-0205621		
Date Assigned:	10/22/2015	Date of Injury:	08/20/2002
Decision Date:	12/04/2015	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: 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:

This is a 47 year old male with a date of injury of August 20, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation, and residual radiculopathic symptoms following microdiscectomy. Medical records dated June 29, 2015 indicate that the injured worker complained of lower back pain, right leg and foot pain, and left leg and foot pain. Records also indicate pain was rated at a level of 2 out of 10. A progress note dated September 14, 2015 documented complaints of increasing left greater than right calf pain. Per the treating physician (September 14, 2015), the employee had returned to work. The physical exam dated June 29, 2015 reveals the injured worker was moving well but range of motion of the lumbar spine was restricted. The progress note dated September 14, 2015 documented a physical examination that showed similar finding to the examination performed on June 29, 2015 along with hamstring tightness with sitting straight leg raise. Treatment has included lumbar spine surgery (May 28, 2014). The utilization review (October 1, 2015) non-certified a request for magnetic resonance imaging of the lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Chapter/MRI (magnetic resonance imaging) Section.

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. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a previous lumbar MRI in 2013 and lumbar spine surgery in 2014. The available documentation does not provide evidence of nerve impairment or other red flags that would warrant a repeat lumbar MRI. The request for one MRI of the lumbar spine with contrast is determined to not be medically necessary.