

Case Number:	CM15-0206791		
Date Assigned:	10/26/2015	Date of Injury:	04/12/2006
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

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 65 year old male, who sustained an industrial injury on 4-12-06. The injured worker was being treated for lumbar disc disease associated with lumbar radiculopathy. On 1-23-09, the injured worker complains of shortness of breath, rapid heartbeat after walking more than 2 flights of stairs, constant back pain with radiation to bilateral legs and pain in left hip area (cortisone injection to left hip didn't help). He was working on date of service 1-23-09. Physical exam dated 1-23-09 revealed casual gait, arthroscopic portals of left knee, scar of right shoulder, decreased muscle mass and no heart murmurs noted. Treatment to date has included chiropractic treatments, oral medications, cortisone injection and activity modifications. The treatment plan did not include a request for MRI of lumbar spine. On 10-14-15 request for MRI of lumbar spine 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:

1 MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: California MTUS guidelines state, "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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, there is no evidence in the documentation provided of any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a repeat MRI study. Further documentation needs to be provided by the requesting physician to justify this request. Likewise, this request is currently not considered medically necessary.