

Case Number:	CM15-0207344		
Date Assigned:	10/26/2015	Date of Injury:	10/10/2005
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

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:

This is a 45 year old male who sustained a work-related injury on 10-10-05. Medical record documentation on 9-10-15 revealed the injured worker was being treated for lumbar radiculitis, lumbar spondylosis, and lumbar degenerative disc disease. He reported low back pain with radiation of pain to the right buttocks, thigh, hip and leg. He rated the pain a 4 on a 10-point scale. He reported that his pain is relieved with medications and rest. The major of his back pain is axial and his leg pain had improved. Previous treatment included two lumbar spine surgeries, epidural steroid injection with no relief. His medication regimen included Clonidine Hcl 0.1 mg, Ibuprofen 800 mg and Norco 10-325 mg. Objective findings included tenderness of the lumbosacral spine with no trigger points found. His lumbar spine range of motion was decreased and his paraspinal muscle strength and tone was within normal limits. He had an antalgic gait and had intact sensation in all four extremities. His treatment plan included Lyrica 75 mg and MRI of lumbar spine. A request for MRI of the lumbar spine was received on 9-16-15. On 9-21-15, the Utilization Review physician determined MRI of the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had prior spine surgery. The right leg pain has improved. There is known radiculopathy on EMG. The claimant is "neurovascularly intact." The request for an MRI of the lumbar spine is not medically necessary.