

Case Number:	CM15-0208708		
Date Assigned:	10/27/2015	Date of Injury:	02/09/2011
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on February 09, 2011. The worker is being treated for: large extrusion cervical, bilateral upper extremity radicular pain with paresthesia, instability with retrolisthesis and collapse at L2 through 3, transverse fusion delayed to slow union, lumbar radiculopathy. Subjective: September 21, 2015 he reported complaint of constant ongoing neck pain radiating to right upper extremity and down to right arm. There is complaint of constant ongoing low back pain with bilateral lower extremity pain along with symptom of depression, stress, insomnia and increased anxiety. In addition he report having headaches. Diagnostic: EMG NCS July 2015, February 2015 MRI lumbar spine. Treatment: activity modification, pain management, surgery 2013, and 15. On October 08, 2015 a request was made for MRI of lumbar spine without contrast that was noncertified by Utilization Review on October 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI, lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); MRIs (magnetic resonance imaging).

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

Decision rationale: Review indicates the patient had a recent MRI of the lumbar spine dated 2/20/15 showing intact spinal fusion at L2-3 with pedicle screws and benign hemangioma. The patient continues to treat with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The One (1) MRI, lumbar spine without contrast is not medically necessary and appropriate.