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| Case Number: | CM15-0209864 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 07/05/2012 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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 58 year old man sustained an industrial injury on 7-5-2012. Diagnoses include aggravated lumbar spine sprain-strain, status post lumbar spine surgery, sever cervical spine stenosis, dyspepsia, lumbar spine radiculitis, and discogenic neck pain. Treatment has included oral medications and recent surgical intervention of the neck. Physician notes on a PR-2 dated 9-29-2015 show complaints of neck and increasing back pain. The physical examination shows lumbar spine tenderness, decreased range of motion of the lumbar spine noted to be flexion 45 out of 60 degrees and extension 15 out of 25 degrees with pain. The straight leg raise is positive at 60 degrees. Recommendations include Ibuprofen, Protonix and lumbar spine MRI. Utilization Review denied a request for lumbar spine MRI on 10-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th edition (web) 2015 low back.

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 on 9/24/14 and a lumbar spine fusion. There has been no significant changes in symptoms or physical examination to warrant a repeat MRI. The request for MRI of the lumbar spine is determined to not be medically necessary.