

Case Number:	CM15-0020868		
Date Assigned:	02/10/2015	Date of Injury:	02/09/2010
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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 male, who sustained an industrial injury on 02/09/2010. On progress report dated 01/10/2014 the injured worker has reported back pain symptoms. Physical examination was noted as dynamometer test as right 45 and Left 45. The diagnoses have included L4-5 and L5-S1 disc herniation, and facet syndrome. Treatment to date has included epidural injections, MRI and x-rays and medication. Treatment plan included injections and MRI lumbar spine. On 01/23/2015 Utilization Review non-certified MRI of the lumbar spine. The CA MTUS Treatment Guidelines were cited.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 01/10/15 progress report provided by treating physician, the patient complains of lumbar spine pain rated 5-8/10 that is disabling at times. The request is for an MRI OF THE LUMBAR SPINE. The patient is status post epidural steroid injections per operative report dated 10/31/14. The diagnoses have included L4-5 and L5-S1 disc herniation and facet syndrome. Treater states in the 01/10/15 report the patient has a longstanding history of lumbar spine disorder. Per progress report dated 01/10/15, treater states the patient "has denied all treatments other than medications because of the patient's radiculopathies he is unable to engage in physical therapies." Patient's current medications include Norco, Tizanidine, Gabapentin, multivitamins and Omeprazole. Patient is unable to work, he is totally disabled by the pain. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater states in the 01/10/15 report, "It has been over 2 years since his last lumbar MRI scan, and I would like to request an updated MRI scan to see his exact current anatomy and pathology as again I think he is a good candidate for potential surgical intervention." According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.