

Case Number:	CM15-0021228		
Date Assigned:	02/10/2015	Date of Injury:	01/25/2010
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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, Pain Management

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 52 year old, female patient, who sustained an industrial injury on 01/25/2010. A primary treating office visit dated 12/09/2014 reported the patient complained of a lot of pain today. She described difficulty with driving. She takes Buprenorphine, on occasions, which may or may not help with the pain depending on the intensity. Of note, she stated having been doing better being off medications. Her pain is in the low back radiating down the left leg. She also is found with right leg sciatica described as constant. Objective findings described tender at lumbar spine, facet joint and with decreased flexion, extension and lateral bending. The following diagnoses are applied; lumbago, low back pain and myofascial pain syndrome/fibromyalgia. A request was made for obtaining a magnetic resonance imaging of the lumbar spine. On 01/14/2015, Utilization Review, non-certified the request, noting the ACOEM, Chapter 12 Low Back was cited. On 02/03/2015, injured worker submitted an application for independent medical review of service requested.

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 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. The patient has had an MRI of lumbar spine on 5/20/2010 which found bulging at L2-3 with mild paracentral bulging at L4-L5, and right paracentral disc protrusion with possible abutment of the right L4 nerve root. Within the submitted documentation, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the last MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.