

Case Number:	CM15-0028837		
Date Assigned:	02/20/2015	Date of Injury:	12/08/1999
Decision Date:	04/23/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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:

The injured worker is a 58 year old male who sustained a work related injury December 8, 1999. According to a treating physician's notes dated January 20, 2015, the injured worker presented with back pain and bilateral leg pain, rated 8/10 without medication and 3-4/10 with medication. Also present is increased pain on the left side, left sacroiliac joint tenderness, increased pain while walking and difficulty sleeping. Current medications included; Lyrica, Percocet and Oxycontin. Diagnosis is documented as back pain s/p L4-5 fusion and radiculitis. Treatment included request for a lumbar MRI with concern for stenosis at L5-S1 or past fusion. According to utilization review dated January 28, 2015, the request for (1) MRI Lumbar is non-certified, citing ACOEM Guidelines and ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI- lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic) MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): MRI L spine ACOEM 308-310.

Decision rationale: Per ACOEM guidelines, an MRI of the lower back has shown efficacy in the setting of spine trauma with neurologic deficit, suspicion of cancer, uncomplicated low back pain with radiculopathy after at least one month of conservative therapy or progressive myelopathy. The medical file does not document radiculopathy with failure to respond to 4 weeks of conservative therapy, progressive neurological deficit, myelopathy or suspicion of cancer. The patient was noted to have an MRI of the lumbar spine several years prior which was not revealing why the patient had ongoing symptoms. A repeat study would not be indicated. Therefore, the request is not medically necessary.