

Case Number:	CM15-0210685		
Date Assigned:	10/29/2015	Date of Injury:	12/21/2011
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
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, North Carolina
 Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on 12-21-11. Medical records indicate the worker is undergoing treatment for chronic radicular low back pain. A recent progress report dated 10-7-2015, reported the injured worker complained of back pain with right sciatica, rated 6 out of 10 with medications and 7 out of 10 without medications. Physical examination revealed appropriate mood and affect. Lumbar magnetic resonance imaging showed moderated degenerative changes and lumbosacral neural foraminal narrowing. Treatment to date has included aqua therapy, epidural steroid injection, physical therapy and medication management. On 10-15-2015, the Request for Authorization requested lumbar magnetic resonance imaging without contrast. On 10-22-2015, the Utilization Review noncertified the request for lumbar magnetic resonance imaging without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine without contrast: Upheld

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

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

Decision rationale: The claimant is a 24 year-old male with a date of injury of 12/21/2011 and a diagnosis of chronic low back pain. The request is for a repeat MRI of the lumbar spine. The most recent MRI was on 3/28/2014, and documented no significant interval change from a previous MRI. Findings of mild to moderate degenerative disease at L4-L5 and L5-S1 were present. No significant spinal stenosis was appreciated. EMG/NCV testing on 3/17/2014 was normal. In this case, the claimant does not have documented examination findings of consistent with a radiculopathy as required by guidelines for an MRI. Unequivocal objective findings that identify specific nerve compromise on neurologic exam are sufficient evidence to warrant imaging in patients who do respond to therapy and would consider surgery as an option. With the recent MRI yielding no significant change from previous studies and no "red flags" indicated progressive deterioration, the request for a repeat MRI is not medically necessary or appropriate.