

Case Number:	CM15-0214360		
Date Assigned:	11/04/2015	Date of Injury:	06/18/2003
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury June 18, 2003. Documented past treatment included anti-inflammatory medication and physical therapy. Diagnoses are arthrodesis, status; lumbar degenerative disc disease. According to a primary treating physician's progress report dated October 12, 2015, the injured worker returned to the clinic for follow-up with complaints of increased pain in the low back as well as instability and weakness in the left lower extremity. Current medication included Flexeril. Objective findings included; lumbar spine-tenderness spasm decreased range of motion decreased sensation left lower extremity. No further examination documented. At issue, is a request for authorization dated October 15, 2015, for a repeat MRI of the lumbar spine with GAD (contrast gadolinium). A previous MRI of the lumbar spine report is not present in the medical record. According to utilization review dated October 22, 2015, the request for repeat MRI Lumbar spine with GAD is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar spine MRI with GAD: 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), Low Back, MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI.

Decision rationale: Guidelines state that MIR with GAD is not recommended until after at least a month of conservative therapy or sooner if progress of neurological deficit is present. In this case, it is unclear if the patient has had any current conservative care. The request for repeat lumbar MRI with GAD is not medically appropriate and necessary.