

Case Number:	CM15-0219314		
Date Assigned:	11/12/2015	Date of Injury:	02/10/2012
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 2-10-12. Medical records indicate that the injured worker is undergoing treatment for a head contusion-concussion and loss of consciousness, cervical spine pain, cervical radiculopathy, cervical five through cervical seven central canal stenosis, lumbar spine pain, post-traumatic headaches, blurry vision, tinnitus, sleeping difficulties, short-term memory loss and concentration difficulties. The injured worker is permanently totally disabled. On (9-14-15) the injured worker reported daily headaches with associated photophobia, nausea and numbness at the trauma site. The injured worker also noted cognitive impairment including short-term memory, concentration issues and sleep impairment. Objective findings revealed numbness in the cervical eight distribution of the left upper extremity and numbness in the lumbar five distribution of the left lower extremity. The injured worker ambulated with an antalgic gait favoring the left leg. The injured worker was also noted to have tenderness over the occiput symmetrically, mild muscle spasms in the cervical and lumbar spine and tenderness over the cervical and lumbar spine which is more severe on the left than the right. Treatment and evaluation to date has included medications, cervical epidural steroid injection, Polysomnogram study and a neurological evaluation. A prior MRI was not provided for review. Current medications include Amitriptyline, Butalbital-acetaminophen-caffeine, Carbamazepine and Ibuprofen. The current treatment request is for a repeat MRI of the lumbar spine. The Utilization Review documentation dated 10-9-15 non-certified the request for a repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back chapter.

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

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the prior MRI was not provided for review. There is no evidence of nerve impairment or other red flags that would warrant a repeat MRI. The request for repeat lumbar MRI is not medically necessary.