

Case Number:	CM15-0035971		
Date Assigned:	03/04/2015	Date of Injury:	03/12/2007
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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 46 year old female, who sustained an industrial injury on 3/12/2007. She reports a back and neck injury while pushing a cart of sheets. Diagnoses include lumbago, cervical radiculitis, headache, thoracic pain and lumbar radiculitis. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported continued neck and back pain. On 2/16/2015, Utilization Review non-certified the request for lumbosacral magnetic resonance imaging, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: MTUS guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging study to define a potential cause (MRI or CT). ODG states that repeated MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, herniation, etc.). Of note is that this patient had an MRI of her LS spine on 6/28/2013 which revealed only mild degenerative changes with no stenosis or neuroforaminal narrowing. Since this patient has no documented significant changes in her symptoms or objective changes on physical exam, and a previously relatively benign MRI, the request for repeat LS MRI is deemed not medically necessary.