

Case Number:	CM15-0038971		
Date Assigned:	03/09/2015	Date of Injury:	11/07/2012
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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 57-year-old male, who sustained an industrial injury on 11/07/2012. He reported a work related right shoulder injury. The injured worker was diagnosed as having discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity to lumbar spine, and abnormal posture. Treatment to date has included right shoulder arthroscopy, physical therapy, lumbar epidural steroid injection, home exercise program, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of sharply flared neck pain, as well as low back pain. The treating physician reported a sharp increase in paravertebral muscle splinting/spasm from L5 through the lower thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: 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), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, MRI (magnetic resonance imaging) section.

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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker has had a lumbar spine MRI previously without significant findings of neurocompression. The injured worker has flare up of paraspinal muscular pain, but this alone is not an indication for repeating the lumbar MRI. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for MRI Lumbar spine is determined to not be medically necessary..