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| Case Number: | CM15-0040088 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 06/19/2008 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female injured worker suffered an industrial injury on. The diagnoses were lumbar herniated disc with radiculopathy, left and right knee strain/sprain, cervical strain/sprain, left and right shoulder strain/sprain, and bilateral elbow strain/sprain. The diagnostic studies were spinal magnetic resonance imaging. The treatments were epidural steroid injection, laminectomy and foraminotomy. The treating provider reported continued lumbar spine pain with reduced range of motion and muscular spasms. The straight leg raise was positive. On 12/18/2014, The pain score was noted to be 8-9/10 on a scale of 0 to 10. The past MRI was noted to show multilevel disc bulges and foramina stenosis. The IW was scheduled to start a new round of PT. There was no detailed objective findings of neurological deficits. It was noted that the request for MRI for to identify lumbar disc pathology. A Utilization Review determination was rendered recommending non certification for 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:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back.

Decision rationale: The CA and the ODG guidelines recommend that MRI can be utilized for the evaluation of the lumbar spine if there are worsening neurological deficits or in the presence of a red flag condition when the clinical diagnosis is inconclusive. The records did not show subjective or objective findings of neurological deficits. There is no documentation of physical findings that will indicate that a updated MRI will show a significant pathological change from the previous MRI investigations. The patient was scheduled to start PT treatments when the MRI was ordered. There is no documentation of post PT evaluation of findings related to the lumbar spine. The criteria for MRI of the lumbar spine was not met.