

Case Number:	CM15-0040814		
Date Assigned:	03/11/2015	Date of Injury:	01/21/1992
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 51 year old male, who sustained an industrial injury on January 21, 1992. The injured worker was diagnosed as having back pain. Treatment to date has included surgery, MRI, and pain medication. On December 3, 2014, x-rays of the lumbar spine were performed. On February 12, 2015, the injured worker complains of increasing pain radiating down the bilateral legs. His back pain has stable. The physical exam revealed decreased sensation on the topical and outside of the right leg, good strength of foot and great toe dorsiflexion, good strength of foot and ankle eversion, and is able to flex forward touching his hands to his shins. The provider noted that the patient has increasing back and leg pain with numbness in the legs, and he has not had an evaluation for over two years. The treatment plan includes a current MRI of the lumbar spine. An MRI of the lumbar spine was performed on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not specifically address repeat MRI. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider notes increasing pain and that the patient has not had an evaluation for two years. However, it appears that an MRI was performed approximately one year earlier. The report was not included for review. Additionally, there is no clear documentation of a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.