

Case Number:	CM15-0041954		
Date Assigned:	03/11/2015	Date of Injury:	11/09/1995
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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 54 year old male, who sustained an industrial injury on November 9, 1995. He reported low back pain worse on the right side. The injured worker was diagnosed as having post laminectomy syndrome, lumbar disc displacement without myelopathy, major depressive disorder and depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, medications and work restrictions. Currently, the injured worker complains of low back pain. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 27, 2015, revealed continued pain. He reported a 30% reduction in pain with medications. Additional surgical intervention of the spine was discussed and an updated magnetic resonance imaging was recommended due to concerns about hardware movement. No recent x-rays are reported.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

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 - Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the issue of repeat MRI scans. ODG Guidelines addresses this issue and does not recommended repeat scanning unless there are significant signs/symptoms of neurological changes which are not present. Another indication is for the planning of a possible surgical procedure. It could be argued that the MRI is for evaluation of possible hardware removal, but the requesting physician has not given good rationale for this. MRI scanning is not generally a good test for this as it will show artifact around the hardware due to metal being present and x-rays/CT scanning are generally the tests for choice for this issue. Without more specific rationale being provided for the lumbar MRI, it is not supported by Guidelines and is not medically necessary.