

Case Number:	CM15-0042086		
Date Assigned:	03/12/2015	Date of Injury:	07/05/2011
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old man sustained an industrial injury on 7/5/2011 after a head on collision in a motor vehicle accident. Evaluations have included brain CT, cervical spine CT, x-rays of the chest, pelvis, and right knee, and lumbar spine MRI. Current diagnoses include a resolved concussion, resolved sternal fracture, resolved cardiac contusion, resolved bilateral leg contusion, resolved cervical strain involving C6-C7 osteophyte complex, lumbar disc herniations, recent sciatica, situational anxiety and post traumatic stress disorder, and gastrointestinal upset after use of Ibuprofen. Treatment has included oral medications, physical therapy, TENS unit, and psychological therapy. Physician notes dated 2/6/2015 show complaints of low back pain that radiates to the left ankle and calf. Recommendations include Gabapentin, Tylenol, modified work duty, and MRI of the spine, and physical medicine and rehabilitation referral.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines low back chapter; Magnetic resonance imaging.

Decision rationale: According to the 02/06/2015 report, this patient presents with "recently developed LBP radiating to left ankle area" on 12/30/2014. The current request is for MRI of the lumbar spine. The treating physician indicates that the patient had an MRI of the Lumbar spine in 2011 that show "L3-4 and L4-5 paracentral HNP's. L5-S1 DDD." The request for authorization is on 02/06/2015. The patient's work status was not mentioned in the provided report. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In reviewing the available medical provided, the reports show that the patient has recently developed low back symptoms. However, there is no documentation of neurologic deterioration such as new weakness; no red flags such as bowel bladder symptoms; no significant change in examination; no new injury to warrant an updated MRI. Therefore, the request is not medically necessary.