MAXIMUS Federal Services

Case Number:	CM15-0043757		
Date Assigned:	03/13/2015	Date of Injury:	02/06/2003
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old female who sustained and industrial injury on February 6, 2003. She has reported neck pain and low back pain and has been diagnosed with disc herniation and facet disease with significant stenosis C2-3, C3-4,C4-5, and C5-6 right side worse than left, multilevel lumbar spondylosis with moderate facet disease and disc desiccation L4-5 and L5-S1, facet arthropathy with severe disc desiccation and posterior bulge L4-5, cervical spondylosis C4-5 and C5-6, right upper extremity radiculopathy, and right lower extremity radiculopathy. Treatment has included conservative measures. Currently the injured worker had neck pain radiating to bilateral arms right more than left as well as low back pain radiating down to bilateral legs, right more than left. The treatment request included MRI lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 address repeat imaging. 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. Within the documentation available for review, there is some increased pain reported, but there are no red flags, neurological findings, or another clear rationale for repeating the MRI at this time. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.