

Case Number:	CM15-0048673		
Date Assigned:	03/20/2015	Date of Injury:	07/14/2003
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 67 year old female, who sustained an industrial injury on 07/14/2003. She has reported subsequent neck, back and wrist pain and was diagnosed with cervical spondylosis, cervical radiculitis, cervical facet syndrome, lumbar stenosis, lumbar radiculitis and bilateral carpal tunnel syndrome. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 01/28/2015, the injured worker complained of low back pain radiating to the lower extremity. Objective findings were notable for decreased cervical and lumbar range of motion with tenderness to palpation. The physician noted that an updated MRI of the lumbar spine would be requested given the time elapsed since the prior MRI and ongoing pain with neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, there is identification of any objective findings that identify specific nerve compromise on the neurologic exam, such as positive straight leg raise, impaired lower extremity sensation, and antalgic gait. However, there is no statement of a change in pathology since the last MRI. There is a lack of discussion of prior L MRI results and the note associated with this request in Jan and Feb 2015 do not reference what changes in pathology have occurred since the time of the most recent MRI of the lumbar spine. Given the above, the currently requested repeat lumbar MRI is not medically necessary.