

Case Number:	CM15-0056655		
Date Assigned:	04/01/2015	Date of Injury:	06/07/2008
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female, who sustained an industrial injury on 6/7/2008. She reported being struck while driving a forklift. The injured worker was diagnosed as having lumbar discopathy and status post left first dorsal compartment release with left DeQuervain's tenosynovitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 10/7/2014, the injured worker complains of persistent low back pain with radiation to the bilateral lower extremities. The treating physician is requesting lumbar magnetic resonance imaging with dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without and with dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and upper back with numbness and tingling in the left arm, mid-back, lower back that goes into the legs, left elbow and shoulder, both hands and wrists, and left ankle and knee. A prior MRI was done on 06/12/2013. Documented examinations did not detail findings consistent with an issue involving a specific spinal nerve. There was no discussion describing new or worsening symptoms or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region with and without dye is not medically necessary.