

Case Number:	CM15-0057405		
Date Assigned:	04/02/2015	Date of Injury:	07/03/2012
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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 53 year old male who sustained a work related injury on July 3, 2012, incurring cumulative trauma to the lumbar spine, cervical spine, left knee, right shoulder arms and hands lifting heavy weights and doing repetitive tasks. He was diagnosed with a lumbosacral sprain, disc injury and radiculopathy and depression. Treatment included acupuncture sessions, psychiatry therapy, epidural steroid injections, physical therapy, pain control creams, and home exercise program and pain medicine management. Currently, the injured worker complained of ongoing pain in the low back and neck with pain radiating into the legs. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging (MRI) of the lumbar spine. Utilization review non-certified the request as there were no documented significant changes or new symptoms since the prior MRI to warrant an updated MRI.

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), MRIs (magnetic resonance imaging).

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 no identification of any red flags, a significant change in symptoms and/or findings suggestive of significant pathology since the prior MRI, or another clear rationale for repeating the study. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.