MAXIMUS Federal Services

Case Number:	CM15-0059021		
Date Assigned:	04/03/2015	Date of Injury:	10/05/2007
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 67 year old female, who sustained an industrial injury on 10/5/07. The diagnoses have included chronic lumbosacral strain and herniated disc at T11-12.Treatment to date has included medications, physical therapy with slight improvement, orthopedics, Home Exercise Program (HEP) and conservative measures. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/26/09. The current medications included anti-inflammatory medication. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of continuing back and left leg pain and she was not working currently. Physical exam revealed weakness in the left lower extremity, straight leg raise was positive on the left with discomfort, and tenderness with palpation of the lumbar spine. The physician noted that the injured worker was to continue with physical therapy and anti-inflammatory medication. The physician also noted that the injured worker would require an updated Magnetic Resonance Imaging (MRI) of the lumbar spine as the last one done is 5 years old. The physician requested treatment included MRI (magnetic resonance imaging) Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, table 12-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter; Magnetic resonance imaging.

Decision rationale: According to the 02/19/2015 report, this patient presents with left sided low back pain that demonstrated some slight improvement with physical therapy. The current request is for repeat MRI (magnetic resonance imaging) Lumbar Spine. The patient's work status is currently not working; retired. Based on the provided reports, the treating physician indicates that the patient's last MRI scan is 5 years old and needed further work up. The Utilization Review denial letter states the patient's symptoms appear to be ongoing with some improvement with physical therapy. As such, the medical necessity for repeat MRI lumbar has not been established. 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). Review of the reports from 12/05/14 to 02/19/2015 show no discussion as to why the patient needs a repeat MRI of the lumbar spine when there is no progression of neurologic dysfunction or new injury. The patient is not post-operative. In this case, the request for a repeat MRI of lumbar spine is not in accordance with the ODG guidelines. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.