

Case Number:	CM15-0059423		
Date Assigned:	04/03/2015	Date of Injury:	06/18/2014
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 61-year-old male who sustained an industrial injury on 06/18/2014. Diagnoses include lumbar discogenic syndrome and lumbar radiculitis. Treatment to date has included medications and acupuncture. Diagnostics performed to date included x-rays and an MRI of the lumbar spine on 2/9/15. The MRI showed multilevel degenerative disc disease, neural foramina stenosis and facet arthropathy, According to the progress notes dated 1/2/15, the IW reported constant low back pain rated 8/10 with numbness in the bilateral lower extremities. A request was made for MRI of the lumbar spine to rule out lumbar intervertebral disc derangement, neural foraminal narrowing or soft tissue injury. The medications listed are Naproxen, Omeprazole and topical LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the OD guidelines recommend that MRI can be utilized for the evaluation of lumbar spine disorders when the X-ray is inconclusive or in the presence of neurological deficit and a red flag condition. The records showed that the patient completed a comprehensive MRI evaluation of the lumbar spine on February 2015. There are no subjective or objective findings of any deterioration of motor, sensory or neurological functions following the last MRI investigation. The criteria for MRI of the lumbar spine were not medically necessary.