

Case Number:	CM15-0063278		
Date Assigned:	04/09/2015	Date of Injury:	10/13/2010
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York
 Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial injury on 10/13/2010. He has reported injury to the low back. The diagnoses have included chronic low back pain; myofascial pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, and home exercise program. Medications have included Norco and Tramadol. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating from his low back into his buttocks and legs; pain is rated at 5/10 on the visual analog scale with medications, and 6/10 without medications; Tramadol is providing relief; and he is able to complete activities of daily living and walking more with medications. Objective findings included tenderness over the thoracic and lumbar paraspinal muscles; and pain with lumbar flexion and extension. The treatment plan has included the request for an MRI of the lumbar spine.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the LS spine Page(s): 304.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for a repeat MRI of the lumbar spine. The documentation indicates that the claimant had an MRI of the lumbar spine on 03/02/2011, which demonstrated mild disc bulging with mild foraminal narrowing at L4-L5, and L5-S1. There are no subjective complaints of increased back pain, increased radiculopathy, or bowel and/or bladder incontinence. There are no new neurologic findings documented on physical exam. There is no specific indication for a repeat MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.