

Case Number:	CM15-0081523		
Date Assigned:	05/04/2015	Date of Injury:	04/10/2014
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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: Massachusetts

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 (IW) is a 23-year-old male who sustained an industrial injury to his lower back on 04/10/2014. Diagnoses include lumbar spinal stenosis at L3-4 with moderate central and moderate right foraminal stenosis and L5-S1 mild to moderate right neural foraminal narrowing. Treatment to date has included medications, physical therapy, lumbar support and epidural steroid injection. Diagnostics included x-rays and MRI. According to the Initial Orthopedic Consultation dated 2/11/15, the IW reported constant, dull low back pain rated 6/10, radiating down the backs of both legs to just above the knees. A request was made for pain management consultation and treatment for the lumbar spine and an MRI without contrast (high resolution) of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for radiating low back pain. He has a diagnosis of spinal stenosis and underwent an MRI in December 2014. When seen, he was having ongoing radiating low back pain. The results of a previous MRI in May 2014 were reviewed and had shown findings of moderate spinal stenosis. Prior treatments had included physical therapy. The assessment references a second MRI done in December 2014 with unknown results. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and findings of lumbar spinal stenosis. An epidural steroid injection might be an option in his treatment. Therefore, the requested evaluation is medically necessary.

High Resolution MRI to 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 (Minnesota Rules).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for radiating low back pain. He has a diagnosis of spinal stenosis and underwent an MRI in December 2014. When seen, he was having ongoing radiating low back pain. The results of a previous MRI in May 2014 were reviewed and had shown findings of moderate spinal stenosis. Prior treatments had included physical therapy. The assessment references a second MRI done in December 2014 with unknown results. Guidelines indicate that a repeat MRI 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). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology and the claimant has already had two MRI scans that explain his condition. Therefore, the requested MRI was not medically necessary.