

Case Number:	CM15-0081601		
Date Assigned:	05/04/2015	Date of Injury:	11/01/2013
Decision Date:	06/03/2015	UR Denial Date:	04/18/2015
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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 23 year old male, who sustained an industrial injury on November 1, 2013. He has reported back pain, leg pain, and foot pain. Diagnoses have included recurrent lumbar spine disc protrusion, lumbar spine degenerative disc disease, and recurrent right leg radiculopathy, worse than left. Treatment to date has included medications, physical therapy, chiropractic, lumbar spine surgery, and imaging studies. A progress note dated November 20, 2015 indicates a chief complaint of lower back pain, leg pain, and bilateral foot pain. The treating physician requested authorization for surgical consultation for the lumbar spine and a magnetic resonance imaging 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 (magnetic resonance imaging) of the lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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, MRI.

Decision rationale: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. There has been no change. The patient also has not been approved for surgery requiring MRI for clarification of anatomy. Because of these reasons, the request for a repeat lumbar MRI is not medically necessary.