

Case Number:	CM15-0082446		
Date Assigned:	05/04/2015	Date of Injury:	12/08/2010
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, California
 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 58 year old male, who sustained an industrial injury on 12/08/2010. He has reported injury to the back. The diagnoses have included intervertebral disc disorder with myelopathy, lumbar region; and lumbar disc disorder with myelopathy. Treatment to date has included medications, diagnostics, epidural steroid injections, physical therapy, and surgical intervention. Medications have included Gabapentin, Soma, and Percocet. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. The injured worker reported severe and worsening low back pain; physical therapy did not help; steroid injections helped little; and would like further evaluation by the neurosurgeon. Objective findings included no distress; and worsening and very severe back pain. The treatment plan included the request for 1 MRI (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:

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI 3 yrs ago with noted disc disease but there was no indication for repeating an MRI. The request for an MRI of the lumbar spine is not medically necessary.