

Case Number:	CM15-0083538		
Date Assigned:	05/05/2015	Date of Injury:	05/10/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male, who sustained an industrial injury on 5/10/2012. He reported low back pain. The injured worker was diagnosed as having sacroiliitis, lumbar disc disorder with myelopathy, lumbago, and lumbar sprain. Treatment to date has included medications, physical therapy, x-rays, examinations/evaluations, walker, cane, home exercises, aquatic therapy, low back surgery, CT scan, and work hardening program. The request is for a closed magnetic resonance imaging of the lumbar spine. On 3/25/2015, he complained of continued low back pain that is worse when standing upright. He rated his pain as 4-5/10. He indicated the pain radiated down the back of the right leg to the calf, and feels like a burning sensation in the thigh. He has completed 7/8 work hardening program sessions. He stated he felt stronger with the program, but had increased pain after each session. He reported feeling dizzy and drowsy with the use of Flurbiprofen cream. Physical findings are noted as tenderness at the facet joint of L5-S1 and posterior superior iliac spine bilateral pain with lumbar flexion/extension, and pain with right hip flexion. The treatment plan included: continuing home therapy, work hardening program, magnetic resonance imaging of lumbar spine, and bilateral lumbar spine facet injection. CT of the pelvis (6/30/14) reveals status post fixation of the left and right sacroiliac joints. The anterior screw was close to the right L5 nerve and posterior left screw near the left S1 nerve root.) A 2012 lumbar MRI revealed L5-S1 facet arthropathy right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed MRI, lumbar spine, per 03/25/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303,304.

Decision rationale: Closed MRI, lumbar spine, per 03/25/15 order is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted indicates that the patient has had a past lumbar MRI and the documentation does not reveal significant new findings or a red flag diagnoses. The request for a lumbar MRI is not medically necessary.