

Case Number:	CM15-0084804		
Date Assigned:	05/07/2015	Date of Injury:	12/01/2011
Decision Date:	07/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: California
 Certification(s)/Specialty: Emergency 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 68 year old male, who sustained an industrial injury on December 1, 2011. The injured worker was diagnosed as having multilevel lumbar degenerative disc disease (DDD) and spinal stenosis. Treatment to date has included medication. MRI of lumbar spine dated 7/23/13 revealed diffuse disc protrusions and degenerative disease, facet arthropathy and neuroforaminal and spinal stenosis. A progress note dated April 8, 2015 only documents that patient has no change in complaints and that the patient complains of low back pain radiating down left leg. Only physical exam documented is decreased lumbar range of motion (ROM). The provider has decided to not document any rationale or justification for requested MRI. The plan is for magnetic resonance imaging (MRI) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar w/o contrast: 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): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag finding in complaints or exam, in fact there is barely any documentation of any complaint or any exam. The provider has clearly documented no change in pain or complaint and has provided no justification for MRI. MRI of lumbar spine is not medically necessary.