

Case Number:	CM15-0086776		
Date Assigned:	05/11/2015	Date of Injury:	06/22/2010
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 40-year-old, female who sustained a work related injury on 6/22/10. The diagnoses have included L5-S1 anterolisthesis, disc herniation and intermittent radiculopathy. The treatments have included physical therapy, chiropractic treatments, acupuncture, TENS unit therapy, exercise ball home exercises and medications. In the PR-2 dated 3/16/15, the injured worker complains of constant back pain with intermittent radiation to both legs, right worse than left. She has tenderness to palpation of low back. Range of motion extension increases pain. Straight legs raises are positive in both legs. The treatment plan includes a request for an MRI of the lumbar spine. The injured worker has undergone prior magnetic resonance imaging on 9/16/2010 and April 4, 2014. Most recent progress report dated 5/5/15 notes that the injured worker is pregnant and MRI will be held off.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat magnetic resonance imaging is supported when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker has undergone prior magnetic resonance imaging in 2010 and 2014 and does not meet the criteria for repeat imaging. In the absence of re-injury or significant change in symptoms, the request for updated imaging is not supported. Furthermore, the per the most recent progress report, the injured worker is pregnant and the plan is to hold off MRI. The request for MRI of the Lumbar Spine without Contrast is not medically necessary and appropriate.