

Case Number:	CM15-0087460		
Date Assigned:	05/11/2015	Date of Injury:	07/09/1998
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina, Georgia

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 55 year old male who sustained an industrial injury on 07/09/1998. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar foraminal stenosis, lumbar spondylolisthesis and thoracic scoliosis. Treatment to date includes conservative measures, physical therapy, and chiropractic therapy, self-massage with rigid foam roller, trigger point injections and medications. The latest magnetic resonance imaging (MRI) is reported from July 2010 revealing degenerative changes with facet hypertrophy, ligamentum flavum thickening, and a 3mm disc bulge with moderate left and mild right lateral recess narrowing with disc desiccation at L3-4 and L4-5. According to the primary treating physician's progress report on March 31, 2015, the injured worker has increasing pain in the lower back radiating down both legs with numbness from the left buttock to the groin/hip area. Examination of the lumbar spine demonstrated marked spasms of the paraspinal muscles particularly on the right side. Sensory, motor and deep tendon reflexes were intact. Current medications are listed as over the counter medications. Treatment plan consists of chiropractic therapy, physical therapy, trial transcutaneous electrical nerve stimulation (TEN's) unit, ThermaCare lower back heat wraps, trial of Oxycodone and Flector patches and the current request for a repeat lumbar magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs.

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

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. At the present time, the claimant has subjective increase in back pain but no objective findings of new nerve root compromise since MRI 7/20/2010. He has not yet been treated with conservative therapy for this flare of back pain. As such, there is no indication at this time for MRI of lumbar spine. The request is not medically necessary.