

Case Number:	CM15-0098996		
Date Assigned:	06/01/2015	Date of Injury:	03/09/2008
Decision Date:	07/01/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: Preventive Medicine, Occupational 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 (IW) is a 37-year-old male who sustained an industrial injury on 03/09/2008. Diagnoses include degenerative disc disease at L5/S1 and low back pain. Treatment to date has included medications. According to the progress notes dated 5/6/15, the IW reported his symptoms were worsening with constant low back pain radiating into the buttocks, left worse than right, rated 4/10 to 5/10. He complained of occasional radiation of pain to the lower extremities but denied numbness and tingling. He was taking Norco, Soma and Ibuprofen for his symptoms. On examination, there was decreased sensation to light touch of the left lateral thigh. A request was made for a repeat MRI of the lumbar spine due to worsening symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (Magnetic Resonance Imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There is no change in the injured workers clinical exam or subjective complaints since the prior MRI was completed in June 2014, therefore, the request for repeat lumbar MRI is determined to not be medically necessary.