Case Number:	CM15-0235563		
Date Assigned:	12/11/2015	Date of Injury:	02/28/2013
Decision Date:	01/22/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/02/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47 year old male who reported an industrial injury on 2-28-2013. His diagnoses, and or impressions, were noted to include: herniated nucleus pulposus of the lumbar spine; and lumbar, right lower extremity radiculopathy and radicular pain. X-rays of the lumbar spine were said to have been done on 7-16-2014, noting normal findings; and MRI of the lumbar spine was said to have been done on 12-18-2014, noting degenerative changes, disc bulge, and mild-moderate spinal stenosis (and on 3-20-2013). His treatments were noted to include: 8-9 sessions of physical therapy - ineffective; lumbar epidural steroid injection; chiropractic treatments with massage therapy; medication management with toxicology studies (9-10-15); and rest from work since 2-28-2013. The progress notes of 9-10-2015 reported: lower back pain, rated 5 out of 10, that radiated into the legs, right > left, with numbness-tingling, and increased by activities and movements. The objective findings were noted to include: tenderness and hypertonicity of the bilateral lumbar para-spinals muscles, positive right straight leg raise, positive bilateral Kemp's, and decreased lumbar range-of-motion. The physician's requests for treatment were noted to include an updated MRI of the lumbar spine to evaluate for lumbar radiculopathy versus peripheral process. The Utilization Review of 11-10-2015 non-certified the request for MRI of the lumbar spine without contrast.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, MRI.

Decision rationale: The patient presents with lower back pain, rated 5 out of 10, that radiated in to the legs, right greater than left, with numbness tingling, and increased by activities and movements. The current request is for MRI of the lumbar spine without contrast. The treating physician states, in a report dated 09/10/15, "I also recommend the patient undergo an updated MRI of the lumbar spine to evaluate for lumbar radiculopathy versus peripheral process." (59B) The last MRI of the lumbar spine was performed on 03/20/13. ODG Guidelines under the Low Back chapter on MRI state that repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. In this case, an MRI of the lumbar spine was performed on 01/10/14. The treating physician, based on the records available for review, has failed to provide any evidence of a significant change in symptoms/pathology, which would warrant a repeat MRI. The current request is not medically necessary.