

Case Number:	CM14-0179079		
Date Assigned:	11/03/2014	Date of Injury:	01/15/2014
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old man with a date of injury of January 15, 2014. The mechanism of injury is not documented in the medical record. Pursuant to the progress report dated August 26, 2014, the IW complains of constant chronic pain to the low back, which radiates down his buttocks and down the back and sides of both legs to the feet. Lumbar examination revealed muscle spasm along the lower lumbar spine. There is tenderness to palpation in the paraspinal musculature. The IW is diagnosed with lumbar spine strain with degenerative disc disease. Findings are consistent with lumbar radiculopathy. The treating physician is requesting EMG/NCV of the bilateral lower extremities, and an MRI of the lumbar spine.

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: 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), Low Back Chapter, MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the lumbar spine is not medically necessary. California Medical Treatment Utilization Schedule does not address repeat MRI imaging. The guidelines recommend repeat imaging when there is a significant change in the patient's clinical presentation to support change in pathology and the presence of progressive neurologic deficits. In this case, the injured worker complained of constant chronic pain to the lower back with radiation down the buttocks bilaterally into his legs. Physical examination revealed muscle spasm along the lower lumbar spine. There was tenderness palpation of lumbar paraspinal muscle groups. He was diagnosed with a lumbar spine strain with degenerative disc disease and findings consistent with lumbar radiculopathy. He underwent an MRI of the lumbar spine in February 2014. This report or films were not provided for review. A subsequent request was placed for repeat MRI of the lumbar spine. However, there were no clinical findings or progressive neurologic deficits warranting repeat MRI of the lumbar spine. Consequently, MRI of the lumbar spine is not medically necessary.