

Case Number:	CM14-0218791		
Date Assigned:	01/08/2015	Date of Injury:	11/27/2002
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Illinois
 Certification(s)/Specialty: Internal 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 is a 57 year old with a date of injury as 11/27/2002. The mechanism of injury was a strain. The current diagnoses include lumbago, chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. Previous treatments include lumbar fusion with instrumentation in August 2010 and oral medications. Primary treating physician's reports dated 10/23/14 noted that the injured worker presented with complaints that included low back pain and left leg numbness/weakness. The injured worker was wearing a back brace, specifics not documented. Physical exam documented functional status as able to ambulate without assistive device. There was tenderness with palpation to bilateral L-S muscles and positive L seated straight leg raise test. Documentation of diagnostic testing included a Discogram completed March 2010 that indicated disc tears L3-4 and L4-5. The injured worker was documented to be permanently disabled. On 11/24/2014, the injured worker reported continued worsening of low back pain, left leg numbness and weakness, despite more comfortable living accommodations. Upon physical examination, it was noted the injured worker ambulates without an assistive device. Back bracing had help with daily function. Tightness and tenderness bilateral lumbosacral spinal muscles. Positive left seated straight leg raise test. The utilization review performed on 12/19/2014 non-certified a prescription for repeat Magnetic Resonance Imaging (MRI) of the lumbosacral spine based on lack of physical findings to support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back MRI

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for repeat MRI of the lumbar spine is not medically necessary. The Official Disability Guidelines state repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide evidence of significant changes in the injured worker's physical presentation. Additionally, the clinical documentation submitted for review did not provided evidence of neurological deficits upon physical examination to warrant and MRI. Therefore, the request is not supported by the guidelines. As such, the request is not medically necessary.