

Case Number:	CM15-0000606		
Date Assigned:	01/12/2015	Date of Injury:	08/09/2011
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 53 year old female, who sustained a work related injury on 8/9/11. The diagnoses have included lumbosacral neuritis, right lumbar radiculopathy, lumbar spondylosis and lumbar degenerative disc disease. Treatment to date have included transforaminal epidural steroid injection, radiofrequency right lumbar facet neurotomy at L3-4, L4-5 and L5-S1, chiropractic treatments and physical therapy. Currently, the injured worker complains of mild to severe chronic low back pain with gluteal radiation of pain and back spasms. On 12/17/14, Utilization Review non-certified a request for a MRI lumbar spine w/o dye noting "there is inadequate clinical information available to make an objective decision for a medical necessity of a repeat lumbar MRI without contrast." The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014, Low Back-MRI

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

Decision rationale: California MTUS guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker had no neurologic deficit on examination at the time when a repeat MRI scan was requested. Documentation indicates that she had undergone an MRI scan in the past. Therefore based upon the absence of a substantial change in the clinical picture or evidence of radiculopathy on examination, a repeat MRI scan was not warranted. As such, the medical necessity of the request for an MRI scan is not established.