

Case Number:	CM15-0000608		
Date Assigned:	01/12/2015	Date of Injury:	12/08/2012
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
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: New York
 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 47 year old male, who sustained an industrial injury on 12/08/2012. He has reported that he sustained a fall from a machine. The injured worker was diagnosed with chronic neck and left upper extremity pain and rule out disc herniation, chronic low back and left lower extremity pain and rule out disc herniation, and chronic left knee pain with history of four surgeries. Treatment to date has included an oral medication regimen, Lidoderm patches, above mentioned surgeries to the left knee, acupuncture sessions, and physical therapy. Currently, the injured worker complains of low back pain that radiates to the left buttock region to the posterior thigh and constant left knee pain with the knee buckling leading to falls, and left neck pain with radiating numbness and tingling to the left hand. The treating physician requested magnetic resonance imaging to the lumbar spine due to persistent symptoms after a period of conservative treatment along with a recommendation for this study from Agreed Medical Evaluation to be able to make future recommendations for medical care. On 12/02/2014 Utilization Review non-certified the prescription for lumbar magnetic resonance imaging, noting the Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 12, Table 12-8, page 309 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic - Acute & Chronic (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the LS spine Page(s): 304 (pdf format).

Decision rationale: There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.