

Case Number:	CM15-0001865		
Date Assigned:	01/12/2015	Date of Injury:	11/21/2008
Decision Date:	03/11/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 11/21/08. She has reported back pain, bilateral knee pain and right foot pain. The diagnoses have included major depression, opioid dependence, degeneration of lumbar disc, low back pain and depressive disorder. Treatment to date has included medications, physical therapy, lumbar spine surgery, left knee surgery x 2 and right knee surgery. (MRI) magnetic resonance imaging of L/S spine was performed on 12/17/14 and revealed stable post-surgical changes since previous study, with no definite root impingement. Currently, the IW complains of low back pain and knee pain. She continues to complain of severe low back pain. On 12/6/14 Utilization Review non-certified (MRI) magnetic resonance imaging of lumbar spine with contrast, noting repeat (MRI) magnetic resonance imaging is not routinely recommended without significant changes; (MRI) magnetic resonance imaging was performed on 3/16/09. The MTUS, ACOEM Guidelines, was cited. On 12/22/14, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine with Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in the lower back, right knee, and right foot; depression with anxiety; and problems sleeping. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. In the absence of such evidence, the current request for a repeat MRI of the lumbar spine region with contrast is not medically necessary.