

Case Number:	CM15-0006444		
Date Assigned:	01/26/2015	Date of Injury:	11/05/2011
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male who reported an injury on 04/11/2013 due to an unspecified mechanism of injury. On 11/21/2014, he presented for a followup evaluation. He reported back pain, worse on the right, as well as leg pain. A physical examination of the lumbar spine was noted to be unchanged. He reported that 70% of his pain was in his low back and 30% of it was radiation pain. He was diagnosed with status post lumbar fusion L4-5 and L5-S1, chronic low back pain with radicular symptoms, and depression and anxiety. The treatment plan was for an MRI of the lumbar spine. The rationale for treatment was to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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, MRI/CT imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California ACOEM Guidelines, MRIs are indicated for those who have symptoms indicative of neurological dysfunction and neuropathic pain symptoms, as well as radicular symptoms. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the lumbar spine. However, the documentation provided shows that the injured worker has previously undergone a CT and MRI of the lumbar spine. There is a lack of documentation showing that the injured worker has had a significant change in symptoms since his prior imaging studies to support the request for additional imaging studies. Also, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options following his prior MRIs to support the request for an additional imaging study. Furthermore, there is a lack of evidence showing that he has any radicular symptoms, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.