

Case Number:	CM15-0106386		
Date Assigned:	06/10/2015	Date of Injury:	01/20/2011
Decision Date:	07/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

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 43 year old male, who sustained an industrial injury on 1/20/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include discogenic cervical pain associated with headache, discogenic lumbar condition, impingement syndrome of left shoulder, and depression. Treatments to date include muscle relaxant, Norco, Wellbutrin, trigger point injections, hot/cold treatment, TENS unit, and physical therapy. Currently, he complained of pain in the low back, left shoulder and the neck associated with shooting pain down the leg. On 4/22/15, the physical examination documented tenderness across lumbar muscles, pain with facet loading and along cervical spine. The records indicated the last MRI of the lumbar spine was completed in 2013. The provider documented the need for an updated MRI to discuss surgical treatment options. The plan of care included a request for a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, the patient has had a MRI of the lumbar spine 1/2013 showing L3-4, L4-5, and L5-S1 disc disease with foraminal narrowing at L5-S1. Recent exam finding showed no objective findings that identify specific nerve compromise. Additionally, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.