

Case Number:	CM15-0010685		
Date Assigned:	01/28/2015	Date of Injury:	11/08/2004
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 November 8, 2004. She has reported being attacked by a patient. The diagnoses have included DeQuervains, carpal tunnel syndrome, spondylolisthesis, and lumbar radiculopathy. Treatment to date has included medications, therapy, and shoulder surgery. Currently, the IW complains of right hand numbness and tingling, low back pain, right shoulder pain, left foot pain, left foot stiffness, and dental grinding with abscess formation. A previous magnetic resonance imaging of the lumbar spine from July 29, 2009, reveals degenerative spondylolisthesis, disc bulging, and disc protrusion. Another previous magnetic resonance imaging of the lumbar spine on July 20, 2012, reveals disc degeneration. On December 31, 2014, Utilization Review non-certified repeat magnetic resonance imaging of the lumbar spine, based on ODG guidelines. On January 23, 2015, the injured worker submitted an application for IMR for review of repeat magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI 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, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with right hand numbness and tingling, low back pain, right shoulder pain, and left foot pain and stiffness. The request is for REPEAT MRI OF THE LUMBAR SPINE. The RFA provided is dated 12/23/14. Patient's diagnosis on 07/31/14 included DeQuervains, carpal tunnel syndrome, spondylolisthesis, and lumbar radiculopathy. Patient is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Per the denial letter dated 12/31/14, the patient had a lumbar MRI on 07/20/12 which showed disc degeneration at L4-5 with increasing facet arthropathy and degenerative discopathy, developing spinal and foraminal stenosis, otherwise stable examination without fracture or bony destructive changes. In this case, treater does not state the reason for the repeat MRI. In review of the clinical information, there are no evidence of new injuries, no history of prior pertinent lumbar surgeries, no defined clinical changes from the time of the prior studies to present, and no new locations of symptoms that would require additional investigation. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology Therefore, the request IS NOT medically necessary.