

Case Number:	CM15-0014472		
Date Assigned:	02/02/2015	Date of Injury:	08/06/2013
Decision Date:	04/14/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 41 year old female, who sustained an industrial injury on August 6, 2013. She has reported lower back pain and bilateral leg pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, epidural steroid injection, medications, home exercises, transcutaneous electrical nerve stimulation unit, bracing, and imaging studies. A progress note dated December 4, 2014 indicates a chief complaint of continued lower back pain with bilateral leg pain. Physical examination showed lumbar spine tenderness with decreased range of motion, and muscle spasms. The treating physician is requesting a magnetic resonance imaging of the lumbar spine for update diagnostics due to the injured worker's neurological changes and significant decline in condition. On December 30, 2014 Utilization Review denied the request for the magnetic resonance imaging citing the MTUS.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 11/21/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar and Thoracic, MRI.

Decision rationale: The attached medical record indicates that the injured employee has had a previous MRI the lumbar spine performed on November 26, 2013. The official disability guidelines indicate that a repeat MRI is indicated if there is a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation that the injured employee's symptoms or examination findings have changed or worsened since this the original study. As such, this request for a repeat MRI the lumbar spine is not medically necessary.