

Case Number:	CM15-0014858		
Date Assigned:	02/02/2015	Date of Injury:	04/02/2001
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 4/2/01. The injured worker has complaints of low back pain that is radiating, throbbing, sharp and tiring. The documentation noted on examination there was tenderness t palpation to low back with radiating pain. Straight left rising is positive bilaterally. The diagnoses have included lumbar degenerative disc disease; lumbar stenosis and chronic low back pain. The documentation noted that the injured worker had a Lumbar Epidural Steroid Injection (LESI) L5-S1 on 2/7/14 with excellent response which gave him 80% of pain relief, but it has returned. According to the utilization review performed on 1/21/15, the requested MRI of the lumbar spine (without contrast) has been non-certified. The ACOEM Guidelines were used with the regards of the Magnetic Resonance Imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine (without 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): 308-310.

Decision rationale: Per ACOEM guidelines, an MRI of the lower back has shown efficacy in the setting of spine trauma with neurologic deficit, suspicion of cancer, uncomplicated low back pain with radiculopathy after at least one month of conservative therapy or progressive myelopathy. The medical file does not document radiculopathy with failure to respond to 4 weeks of conservative therapy, progressive neurological deficit, myelopathy or suspicion of cancer. It also does not appear that the patient's clinical findings which have clinically changed/worsened. Further testing with MRI would not be indicated.