

Case Number:	CM15-0114959		
Date Assigned:	06/23/2015	Date of Injury:	02/08/2013
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male who sustained an industrial injury on 2/8/13 from a slip and fall resulting injury to his right wrist, back and left foot. The injured worker was medically evaluated, x-rayed, given medication and started on therapy. He then had chiropractic treatments and an MRI. He has had two motor vehicle accidents in the past and various back injuries. He currently complains of intermittent low back pain with tingling radiating down the left leg, back pops. His pain level is 8/10. He has difficulty sleeping. On physical exam of the lumbar spine there was spasm and guarding with decreased range of motion; lower extremity exam was normal. Per 3/19/15 note his pain has remained unchanged. Medications are Robaxin, ibuprofen, Tramadol. Diagnosis was lumbar disc degeneration with bulging. Treatments to date include medications; physical therapy; chiropractic treatments; acupuncture which did not help. Diagnostics include MRI of the lumbar spine (8/20/13) showing a posterior disc extrusion, moderate left neural foraminal stenosis. In the progress note dated 4/2015 the treating provider's plan of care includes MRI of the lumbar spine, prior study was 2013.

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: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the ACOEM MTUS guidelines and the ODG. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal new findings or a red flag diagnoses or a plan for surgery. The ODG does not recommend a repeat MRI unless there is a significant change in the patient's condition or red flag. The request for a lumbar MRI is not medically necessary.