MAXIMUS Federal Services

Case Number:	CM15-0115428		
Date Assigned:	06/23/2015	Date of Injury:	04/06/2011
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old male, who sustained an industrial/work injury on 4/6/11. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having cervicalgia, degeneration of cervical intervertebral disc, spinal stenosis of cervical region, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, pain in joint involving shoulder region, unspecified derangement of joint of shoulder region, and lumbago. Treatment to date has included medication, epidural injections of cervical/lumbar spine, and diagnostics. MRI results were reported on 9/18/11 of the cervical and lumbar spine. Lumbar MRI showed L5-S1 disk protrusion as well as L4-5 with encroachment on the bilateral neuroforamina. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 10/7/11. Currently, the injured worker complains of low back pain that radiates to the bilateral lower extremities, left greater than right. Per the primary physician's progress report (PR-2) on 12/4/14, the injured worker continues to complain of low back and neck pain. Exam reveals cervical spine tenderness to touch along the paraspinal region on the right and midline, positive shoulder elevation and abduction test, positive Spurling's test on the right, decreased sensation to light touch on the right at C4-C6 dermatomes, trapezial tenderness, and spasm. Lumbar spine exam reveals abnormal heel to toe walk secondary to pain, tenderness at lumbar paraspinal region and midline lumbar spine, and positive straight leg raise. The requested treatments include 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: 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): s 308-310.

Decision rationale: While MRI is an appropriate diagnostic tool for this patient's condition, the IW has undergone a previous MRI on 9/18/11, less than 4 years ago. From my review of the records there does not appear to have been a new injury or exacerbation of the previous injury during that time. Nor are there any substantial changes in symptom report or exam findings that would suggest that the patient's condition is substantially different, nor that we would expect substantial changes in his MRI findings. Considering there was already a lumbar MRI performed, I do not believe that a further lumbar MRI at this time would yield clinically significant results that would alter the patients care options. Therefore further repeat MRI of the lumbar spine is not medically necessary at this time.