

Case Number:	CM15-0116263		
Date Assigned:	06/24/2015	Date of Injury:	04/15/2005
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who sustained an industrial injury on 4/15/2005 resulting in low back pain. The injured worker is diagnosed with degeneration of intervertebral disc, site unspecified; muscle spasm; and, lumbago. Treatment has included epidurals (providing 80% relief in pain and functionality lasting at least 6 months), acupuncture, chiropractic manipulation, rest, and pain medication from which the injured worker reported relief. The injured worker continues to report pain, bilateral radiculopathy including intermittent tingling in both legs and feet, and inhibited range of motion. Treating physician's plan of care includes MRI without contrast to the lumbar spine. Status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289, 303-305.

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 & Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for low back pain. When seen in May 2015, he was having constant pain. Pain was rated at 5/10 with medications. Norco, tramadol, and Soma were being prescribed. Physical examination findings included pain with lumbar spine range of motion with paraspinal and facet tenderness. Straight leg raising was positive. There was decreased lower extremity muscle tone and difficulty straightening the knees when transitioning from a seated to standing position. An identical physical examination is documented in November 2014. The claimant has previously had an MRI of the lumbar spine. Guidelines indicate that a 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). In this case, there are no identified 'red flags' that would support the need for obtaining an MRI scan and the claimant's physical examination is reported as identical to that nearly six months before. The request was not medically necessary.