

Case Number:	CM15-0116536		
Date Assigned:	06/24/2015	Date of Injury:	01/31/2011
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
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

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 40 year old female, who sustained an industrial injury on January 31, 2011, incurring low back injuries. She was diagnosed with lumbosacral disc disease with disc herniation and annular tears, bilateral foraminal stenosis and bilateral lumbar radiculopathy. Treatment included muscle relaxants, pain medications, physical therapy, orthopedic and neurosurgical consultations, and work restrictions. Electromyography studies showed acute bilateral lumbar radiculopathy. Magnetic Resonance Imaging of the lumbar spine in January, 2012, revealed a disc bulge, facet arthropathy, narrowing and stenosis. A lumbar Magnetic Resonance Imaging performed in October 2014, revealed bilateral facet joint effusion, disc bulge, facet hypertrophy, joint effusion and disc protrusion. Currently, the injured worker complained of persistent and increased pain and stiffness to her lumbar spine radiating up into her back and down both legs with numbness and tingling to the feet. She was diagnosed with a lumbar strain. The treatment plan that was requested for authorization included a repeat Magnetic Resonance Imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, CA MTUS does not address the issue. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there are no red flags or findings suggestive of progressive pathology rather than a flare-up of the patient's pain. The provider notes a request for MRI for the purpose of surgical planning, but the MRI was less than 7 months old at the time of the request and the criteria for repeat MRI outlined above have not been met. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.