

Case Number:	CM15-0119395		
Date Assigned:	06/29/2015	Date of Injury:	05/31/2014
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 61 year old female sustained an industrial injury to the low back on 5/31/14. Documentation did not disclose magnetic resonance imaging. Previous treatment included physical therapy, chiropractic therapy and medications. In a progress note dated 3/12/15, the injured worker complained of persistent low back pain with radiation to bilateral lower extremities. Current diagnoses included herniated nucleus pulposus at L4-5, focal spinal stenosis at L4-5 due to broad based disc protrusion with sever left and moderate right foraminal stenosis and L4-5 disc protrusion. In a new examination dated 5/6/15, the injured worker complained of low back pain with radiation to bilateral buttocks. The injured worker reported that previous physical therapy and chiropractic therapy made her worse. Physical exam was remarkable for lumbar spine with no obvious deformity, no tenderness to palpation, 5/5 strength to bilateral upper and lower extremities with intact sensation throughout. On 5/18/15, a request for authorization for magnetic resonance imaging lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, 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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for low back pain with bilateral lower extremity radiating symptoms. A previous MRI of the lumbar spine showed findings of multilevel disc herniations. She was seen for an initial evaluation by the requesting provider on 05/06/15. She was having pain radiating to the buttocks without lower extremity numbness or tingling. Physical therapy and chiropractic treatment had made her worse. There was lumbar spine tenderness with a normal neurological examination. 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, the claimant's condition is chronic and there are no neurological deficits documented or findings suggestive of significant new pathology. The requested MRI was not medically necessary.