

Case Number:	CM15-0121989		
Date Assigned:	07/06/2015	Date of Injury:	04/14/2011
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 4/14/11. Initial complaints were the result of a fall landing on his buttocks injuring his mid and low back. The injured worker was diagnosed as having continuous trauma; chronic pain thoracolumbar spine; left lower extremity radiculopathy. Treatment to date has included physical therapy; injections; medications. Diagnostic study included a MRI of the lumbar spine (2013); EMG/NCV study (2013). Currently, the PR-2 notes dated 4/30/15 indicated the injured worker complains of neck, midback and lower back pain. Examination of the thorocolumbar spine documents tenderness to palpation. X-rays of the lumbosacral spine documented mild arthritic changes. The x-rays of the thoracic and cervical spine and bilateral hips are reported as unremarkable. The treatment plan on this date included MRI lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. MRI section.

Decision rationale: Per the referenced guidelines, MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this instance, the medical record documents that a lumbar MRI scan was performed in January 2013. Electrodiagnostic studies from that time revealed chronic L5 radiculopathy. The treating physician has requested another MRI of the lumbar spine. The documentation provided does not say if or how the injured worker's symptoms or physical findings have changed since the time of the 2013 MRI scan. The documentation does not describe the emergence of any new 'red flag' findings that would justify a repeat MRI scan. Therefore, an MRI of the lumbosacral spine is not medically necessary and appropriate in view of the provided medical records and with reference to the cited guidelines.