

Case Number:	CM15-0122553		
Date Assigned:	07/02/2015	Date of Injury:	02/13/2003
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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 60-year-old male who sustained a work related injury February 13, 2003. According to a primary treating physician's progress report, dated June 1, 2015, the injured worker presented with increased and ongoing lower back pain, rated 4/10 and pain down his leg (unspecified), insomnia, fatigue, and anxiety. He reports an increase in pain when performing activities of daily living and would like to have an increase of his OxyContin. He is able to cook, garden, launder, shop, bathe, dress, drive, brush teeth, perform housework and yard work. He also complains his current muscle relaxer does not help with the spasm and finds Soma works best. The physician documented the injured worker does not display any aberrant behavior regarding medication. Physical examination noted tenderness of the lumbar spine, facet joint, decreased flexion and extension, and decreased lateral bending. Diagnoses are lumbago, low back pain, radiculitis, lumbar, thoracic. Treatment plan included adjustment to medication and at issue, a request for authorization for an 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:

One MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), MRI (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in February 2003 and continues to be treated for radiating low back pain. When seen, he was having increasing pain. Medications are referenced as decreasing pain from 8/10 to 4/10. The same response to medications is documented at prior visits. He was requesting an increase in medications. Physical examination findings included decreased lumbar spine range of motion with lumbar spine and facet tenderness. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan. The request is not medically necessary.