

Case Number:	CM15-0126292		
Date Assigned:	07/17/2015	Date of Injury:	10/22/2000
Decision Date:	08/12/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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 66-year-old female, who sustained an industrial injury on October 22, 2000, incurring low back injuries after heavy lifting. She was diagnosed with lumbar disc disease. Treatment included lumbar epidural steroid injection, pain medications, muscle relaxants, and work restrictions. Currently, the injured worker complained of chronic low back pain with tenderness noted on examination over the lumbar spine. In 2007, a lumbar Magnetic Resonance Imaging revealed some disc degeneration without evidence of disc herniation. She was noted to have antalgic gait and uses a cane for mobility. She was assessed with lumbar disc herniation with radicular pain. The treatment plan that was requested for authorization included lumbar spine Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines. (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 and is being treated for chronic back pain. An MRI of the lumbar spine in 2007 showed findings of lumbar disc degeneration. When seen, she had an antalgic gait. There was left posterior superior iliac spine tenderness, which reproduced her pain. Her BMI was over 45. There was a normal neurological examination with negative straight leg raising. 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology with a normal neurological examination and negative straight leg raising. The requested MRI was not medically necessary.