

Case Number:	CM15-0128317		
Date Assigned:	07/15/2015	Date of Injury:	08/17/2007
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female, who sustained an industrial injury on 8/17/07. She reported low back pain. The injured worker was diagnosed as having chronic low back pain status post-surgery. Treatment to date has included epidural steroid injections and microdiscectomy and fusion at L2-3 and L3-4. A MRI of the lumbar spine obtained on 3/30/09 revealed mild neural foraminal narrowing at L4-5 and L5-S1 from facet body overgrowth, mild disc protrusion at L5-S1, disc protrusion at L3-4 without spinal canal stenosis or neural foraminal narrowing, and multilevel disc desiccation. Physical examination findings on 6/10/15 included straight leg raising was negative bilaterally, lumbosacral facet loading maneuvers were positive, and active range of motion of the lumbar spine was limited. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a repeat 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:

Repeat MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - MRIs (Magnetic resonance imaging).

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, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the low back. The current request is for Repeat MRI of the Lumbar Spine. The treating physician states in the report dated 6/10/15, "She feels that her pain has progressively worsened to the point where she is unable to do much without pain and limitations. Given the chronicity of her injury and progressive worsening of her pain, I am requesting authorization for an updated lumbar spine MRI." (39B) The patient last received an MRI in 2009 and has since had surgery. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that the patient has had significant changes since her last MRI and surgery. The medical necessity for a repeat MRI is warranted. The current request is medically necessary.