

Case Number:	CM15-0162060		
Date Assigned:	08/28/2015	Date of Injury:	01/07/2009
Decision Date:	12/04/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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, North Carolina
 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 61 year old female, who sustained an industrial injury on 01-07-2009. Medical records indicated that the injured worker is undergoing treatment for status post lumbar fusion with facet arthropathy at L4-5. Treatment and diagnostics to date has included lumbar spine surgery and medications. Recent medications have included Norco and Gabapentin. Subjective data (03-19-2015 and 07-20-2015), included low back and bilateral leg pain with numbness and tingling to her bilateral feet. Objective findings (07-20-2015) included decreased sensation of the bilateral thighs and soles of her feet. The treating physician noted that the lumbar spine MRI dated 05-31-2015 showed "1 to 2mm concentric disc bulge with mild hypertrophy at the facet joints" and "2mm broad based posterior protrusion and end plate spurs". The Utilization Review with a decision date of 08-07-2015 non-certified the request for MRI without contrast for the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for imaging-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) lumbar spine (acute and chronic).

Decision rationale: CA MTUS does not specifically address repeat MRIs of the lumbar spine. ODG Guidelines were reference. In this case, the date o injury was in 2009 and the patient complains of chronic low back pain with bilateral leg pain and numbness. An MRI of the LS spine performed 5/3/2015 showed mild degenerative disease as noted above. There were no surgical findings. Now there is a request for a repeat MRI, however there is no evidence of change in the patient's condition, including new signs or symptoms, to warrant a repeat MRI. While there are subjective complaints of radiculopathy, there are no physical findings consistent with radiculopathy. No red flags (tumor, infection, progressive nerve compromise, etc.) have emerged to support a repeat MRI. Therefore the request is not medically necessary or appropriate.