MAXIMUS Federal Services

Case Number:	CM15-0170632		
Date Assigned:	09/11/2015	Date of Injury:	06/29/2010
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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
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 61 year old female who sustained an industrial injury on 06-29-10. A review of the medical records indicates the injured worker is undergoing treatment for major depression, cervical and lumbar disc herniation, cervical and thoracic strain, chronic pain syndrome, and bilateral knee internal derangement. Medical records (05-07-15) indicate the injured worker has diffuse pain involving low back, neck, and left knee pain, with no available rating on the VAS scale. The physical exam (05-07-15) reveals decreased cervical and lumbar spine range of motion. She ambulates with a rolling walker and has bilateral knee tenderness. Treatment has included spinal fusion, medications, and psychological counseling. The treating provider indicates the injured worker has not worked since 2011, and is considered permanent and stationary. The original utilization review non certified a 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:

MRI 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, Low Back.

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 Chapter, under MRIs (magnetic resonance imaging) (L-spine).

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 Chapter, under MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The patient presents with low back pain radiating down the left lower extremity. The request is for MRI LUMBAR SPINE. The request for authorization is not provided. MRI of the lumbar spine, 05/20/13, shows no disc herniation, fracture, or neurological compression. Physical examination of the lumbar spine reveals decreased range of motion. Positive Spurling's sign. Negative straight-leg raise. Decreased sensation left L4-S1. Patient's medications include Norco, Neurontin, and Zanaflex. The patient's work status is not provided.ODG Guidelines, Low back Chapter, under MRIs (magnetic resonance imaging) (L-spine) states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, “Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).” Treater does not discuss the request. In this case, it appears the patient has previously had an MRI of the lumbar spine on 05/20/13. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.