

Case Number:	CM15-0175135		
Date Assigned:	09/16/2015	Date of Injury:	02/19/2007
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 47-year-old male who sustained an industrial injury on 02-19-2007. Current diagnosis includes lumbar radiculopathy. Report dated 08-20-2015 noted that the injured worker presented with complaints that included a lower backache and poor sleep quality. Pain level was 5 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-20-2015 revealed an antalgic gait, restricted range of motion in the lumbar spine limited by pain, tenderness, muscle spasm, and tight band in the paravertebral muscles, lumbar facet loading is positive, straight leg raise is positive on the left side, and decreased sensation. Previous diagnostic studies included an MRI of the lumbar spine performed on 03-29-2013. Previous treatments included medications, surgical intervention, psychological evaluation, psychotherapy, physical therapy, injections, and home exercise program. The treatment plan included a urine drug screening, previous authorization for an MRI had expired, so re-requesting a MRI of the lumbar spine and MRI of the Pelvis, refilled medications, continue home exercise program and walking daily, and return in 8 weeks. The utilization review dated 08-28-2015, non-certified/modified the request for MRI without contrast 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 without contrast of 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, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically necessary. The medical necessity of a lumbar MRI is not substantiated in the records.