MAXIMUS Federal Services

Case Number:	CM15-0179884		
Date Assigned:	09/21/2015	Date of Injury:	05/02/2013
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
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:

This injured worker is a 24 year old male who reported an industrial injury on 5-2-2013. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy; right hip arthralgia; and multi-level disc herniations of lumbar spine with severe stenosis. The history noted advisement to stop drinking alcohol, and following of his liver function tests. No current diagnostic or imaging studies were noted. His treatments were noted to include: electrodiagnostic studies (2013); magnetic resonance imaging studies of the lumbar spine (1-9-14); serial laboratories for liver function tests (last one on 5-8-15); physical therapy - helpful; an exercise program and attempts at weight loss; medication management; and modified work duties. The progress notes of 6-30-2015 reported: right > left back pain, rated 4 out of 10, that radiated down into the bilateral legs, right > left, and was associated with numbness in the right lateral thigh; and of locking-up of the right knee. The objective findings were noted to include: morbid obesity; an antalgic gait; decreased lumbar range-of-motion; decreased sensation in the right lumbar 3-4 dermatomes; decreased motor strength in the right Psoas, quadriceps, hamstrings and "EHL"; and positive bilateral straight leg raise which caused radiation of pain down the legs to the calves. The physician's requests for treatments were noted to include updated magnetic resonance imaging studies of the lumbar spine for worsening symptoms, and because the current one was outdated from a diagnostic standpoint. The Request for Authorization, dated 6-30-2015, was noted to include updated magnetic resonance imaging studies of the lumbar spine. The Utilization Review of 9-3-2015 non-certified the requests for updated magnetic resonance imaging studies of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had an MRI a year ago. If there are concerns of worsening then a spine surgeon consultation may be appropriate or an MRI in preparation for spine surgical consult. Since this was not noted, the request for an updated MRI of the lumbar spine is not medically necessary.