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| Case Number: | CM15-0025777 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 07/01/2012 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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 37-year-old female, who sustained an industrial injury on 07/01/2012. She has reported low back pain. The diagnoses have included lumbar sprain and strain. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Anaprox, Prilosec, and Zanaflex. Currently, the injured worker complains of worsening moderate low back pain; the pain is described as frequent and sharp, with numbness and tingling of the left foot. A progress report from the treating physician, dated 01/26/2015, included objective findings to consist of tenderness and spasm to the lumbar spine; decreased sensation to the left calf; and stomach pain since taking Anaprox. The treatment plan included request for prescription medications; request for pain management consultation; and request for MRI of the lumbar spine. On 02/03/2015 Utilization Review noncertified a prescription for 1 Magnetic Resonance Imaging of the Lumbar Region. There were no noted citations. On 02/10/2015, the injured worker submitted an application for a prescription for 1 Magnetic Resonance Imaging of the Lumbar Region.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging of the Lumbar Region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Lumbar Chapter MRI.

Decision rationale: The patient presents with chronic lower back pain rated an 8/10 on the VAS. The current request is for MRI of the lumbar region. The treating physician report dated 1/26/15 is hand written and mostly illegible. The report seems to indicate that the patient had a positive MRI of the lumbar spine dated 1/23/13 that revealed L5 disc herniation of 6.1mm. The report also states, "Repeat diagnostic study MRI L/S RFA- 4 Sx over 6 months despite PT." The ACOEM and MTUS guidelines do not address repeat MRI scans. 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 (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation)." The handwritten treating physician reports provided do not provide any insight as to why the patient requires a repeat lumbar MRI. The objective findings do not show any progressive neurological deficits or red flags to indicate a need for a repeat MRI. There is no documentation of any suspicion of cancer or infection and there are no signs of cauda equina syndrome. In this case, the medical records provided failed to document any findings that would warrant a repeat MRI. The current request is not medically necessary and the recommendation is for denial.