

Case Number:	CM15-0064265		
Date Assigned:	04/10/2015	Date of Injury:	02/10/2006
Decision Date:	05/18/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/04/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on 02/10/06. Initial complaints and diagnoses are not available. Treatments to date include lumbar fusion and pain management. Diagnostic studies include a MRI, CT scan, and x-rays of the lumbar spine. Current diagnoses include lumbar radiculopathy, adjacent segment disease with retrolisthesis, cervical and thoracic myofascial complaints, and chronic pain syndrome. Current complaints include back pain. In a progress note dated 01/09/15 the treating provider reports the plan of care as a MRI of the lumbar spine. The requested treatment is 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:

1 MRI 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 DISABILITIES GUIDELINES.

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, MRI.

Decision rationale: Guidelines do not recommend repeat MRIs routinely unless there is a significant change in symptoms or findings suggestive of significant pathology. In this case, the patient reported increased back pain, but there was no documentation of significant change in the patient's symptoms and there was no evidence of failure of recent conservative care. The request for 1 MRI of the lumbar spine is not medically necessary and appropriate.