

Case Number:	CM15-0065755		
Date Assigned:	04/13/2015	Date of Injury:	11/27/2012
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/07/2015

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 40-year-old male, who sustained an industrial injury on November 27, 2012. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, neck sprain/strain and left hip internal derangement. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated February 16, 2015 provides the injured worker complains of neck pain radiating to arms rated 5/10, back pain radiating to legs, and rated 4-5/10. He also complains of shoulder pain with tingling rated 3/10 and left hip pain rated 3/10. Pain without medication is 9/10. Physical exam notes cervical, trapezius, lumbar and left hip tenderness on palpation. The plan includes magnetic resonance imaging (MRI), follow-up and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules - Parameters for Medical imaging.

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, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with low back pain with radiation into bilateral lower extremities with associated numbness and tingling. The current request is for MRI lumbar spine without contrast. The treating physician states that the patient has tenderness to palpation over the lumbar spine with decreased range of motion, palpable spasms along the paravertebral muscles, positive straight leg raise, and femoral stretch test. The patient had a previous MRI of the lumbar spine on 3/19/14. 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, neurocompression, recurrent disc herniation). In this case, the treating physician has not provided any medical rationale for repeat imaging. There is no diagnosis or medical condition documented that would indicate the need for a repeat study, there is no progressive neurological changes and no red flags documented. The current request is not medically necessary.