

Case Number:	CM15-0067990		
Date Assigned:	04/15/2015	Date of Injury:	04/10/2014
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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

Certification(s)/Specialty: Internal 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 42 year old male who sustained an industrial injury on 4/10/14. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having status post L3-S1 total disc replacement. Treatments to date have included injections, non-steroidal anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, and oral pain medication. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar, with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the Lumbar spine Page(s): 304.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for an MRI of the lumbar spine. The documentation indicates that the claimant has numbness and weakness of the legs and has been approved for EMG/NCV studies. There are no subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence, and there are no neurologic findings on physical exam. There is no specific indication for an MRI of the lumbar spine at this time. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.