MAXIMUS Federal Services

Case Number:	CM15-0070701		
Date Assigned:	04/21/2015	Date of Injury:	08/21/2012
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida
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:

The injured worker is a 34-year-old male with an industrial injury dated August 21, 2012. The injured worker diagnoses include lumbar spine radiculopathy, lumbar disc disease, and lumbar facet syndrome. He has been treated with Magnetic Resonance Imaging (MRI) in 2012, Electromyography (EMG), prescribed medications and periodic follow up visits. According to the progress note dated 3/19/2015, the injured worker reported moderate to severe low back pain with radiating symptoms to the left lower extremity. Objective findings revealed wide based gait, diffuse lumbar paraspinous muscle tenderness with guarding and spasm, trace facet tenderness, positive straight leg raises, and decrease sensation along the L5-L5 dermatomal distributions, bilaterally. The treating physician prescribed services for 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:

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 Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Back Pain, Special imaging studies Page(s): 300-306.

Decision rationale: A request has been made for a repeat Lumbar spine MRI. This patient has an MRI in 2012 showing multiple discopathy along with an old compression fracture and neuroforaminal narrowing. He is described on a 3/2015 evaluation as having "ongoing moderate to severe low back pain" with left lower extremity radiculopathy. Documentation does not show that there has been any progression of the patient's neurologic deficit. No red flag symptoms are present. MTUS criteria has not been satisfied. MTUS states, "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." Likewise, this request for an MRI is not considered medically necessary, as the documentation currently stands.