

Case Number:	CM15-0074376		
Date Assigned:	04/24/2015	Date of Injury:	12/13/2004
Decision Date:	05/27/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 12/13/2004. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc degeneration, lumbar spondylosis, low back syndrome, lumbar stenosis and lumbalgia. There is no record of a recent diagnostic study. Treatment to date has included bilateral lumbar epidural steroid injection, physical therapy and medication management. In progress notes dated 3/25/2015 and 4/13/2015, the injured worker complains of continued low back pain. The treating physician is requesting a repeat lumbar magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, there is identification of objective findings that identify potential nerve compromise in the form of straight leg raise testing that is positive on March 23, 2015. The patient has failed conservative care, including a recent epidural steroid injection. There are plans for the patient to consult with neurosurgery. There is documentation in a note from April 2015 that the patient continues with radiating pain down the legs from the low back, and the RFA documents that pain is worsening. Given that the last MRI was back in May 2013, a repeat MRI given the failure of conservative care, interventional procedures, and continued radiating pain is medically necessary.