

Case Number:	CM15-0091297		
Date Assigned:	07/16/2015	Date of Injury:	03/20/2011
Decision Date:	08/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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 45 year-old female, who sustained an industrial injury on 3/20/2011. She reported a burning sensation in her upper and lower back and being unable to move her left arm. Diagnoses have included herniated nucleus pulposus (HNP) at C5-6, status post anterior discectomy and fusion and probable herniated nucleus pulposus (HNP) at L4-5 and L5-S1 with left and right radiculopathy. Treatment to date has included lumbar epidural steroid injection, left shoulder surgery, physical therapy, home exercise program and medication. According to the progress report dated 4/30/2015, the injured worker complained of increased pain in the cervical spine since her last visit. She complained of lumbar spine pain associated with bilateral lower extremity radiculopathy. She also complained of pain in both hips and both knees. Objective findings revealed tenderness of the cervical and lumbar spines. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine and cervical 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 Low Back, MRI.

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: Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any red flags, objective findings that identify specific nerve compromise on the neurologic exam, or any significant changes in symptoms/findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

MRI of the cervical 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 Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any red flags, objective findings that identify specific nerve compromise on the neurologic exam, or any significant changes in symptoms/findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested cervical MRI is not medically necessary.