

Case Number:	CM15-0091503		
Date Assigned:	05/15/2015	Date of Injury:	09/09/2003
Decision Date:	06/26/2015	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: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial injury on 9/9/2003. He reported feeling a hernia developing on his abdomen while stacking boxes. Then, on 9/24/2003, he reported lower back pain from stacking boxes. Diagnoses have included umbilical hernia, right testicle pain, lumbar sprain/strain, chronic pain and lumbar radiculopathy. Treatment to date has included lumbar magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/22/2013, the injured worker complained of constant abdominal pain rated 6/10 going down into the right testicle. He complained of constant lumbar spine pain rated 9/10 radiating into the left leg. He ambulated with a cane. Physical exam revealed painful range of motion of the lumbar spine. The injured worker was given a Toradol injection. Authorization was requested for lumbar magnetic resonance imaging (MRI) with/without contrast with T2-weighted sequences in sagittal flexion/extension (done 2/16/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI with/without contrast with T2-weighted sequences in sagittal flexion/extension Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (Magnetic Resonance Imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had a previous lumbar MRI on 2/13/13 that did not identify significant pathology. There has been no significant change in subjective symptoms or objective findings; therefore, the request is not medically necessary.