

Case Number:	CM15-0099681		
Date Assigned:	06/02/2015	Date of Injury:	10/20/2011
Decision Date:	07/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/24/2015

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 Jersey, New York

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 45 year old male, who sustained an industrial injury on 10/20/11. The injured worker was diagnosed as having lumbar pain with radiculopathy and status post lumbar fusion. Treatment to date has included a microdiscectomy, anterior interbody spinal fusion at L5-S1 on 12/15/14, lumbar epidural steroid injections, physical therapy, and medications such as Percocet, Oxycodone, Ibuprofen, Cyclobenzaprine, Mobic, and Valium. Currently, the injured worker complains of worsening pain radiating down his right lower extremity. The treating physician requested authorization for a MRI of the lumbar spine with and without contrast. A MRI was requested to further assess for intra-articular abnormalities as he is several months post-surgical intervention and is not progressing as expected.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 ACOEM Chapter 12 Low Back Complaints Page(s): pp303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and thoracic, MRI.

Decision rationale: The request for lumbar MRI is medically unnecessary. According to MTUS, MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected or if the patient had prior back surgery. According to ODG, it is not recommended for uncomplicated lower back pain with radiculopathy until after one month of conservative therapy or sooner if severe or progressive neurologic deficits exist. According to the chart, the patient was recommended to have post-operative physical therapy but there were no progress notes indicating he had those sessions or what the outcome was. There was no documentation that conservative care was attempted and failed for this flare-up in pain. Until the patient has had a trial of conservative care, imaging such as an MRI is considered not medically necessary.