

Case Number:	CM15-0099853		
Date Assigned:	06/02/2015	Date of Injury:	11/01/1993
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 55-year-old female, who sustained an industrial injury on 11/01/1993. The injured worker is currently disabled. The injured worker is currently diagnosed as having chronic lumbar spine response and right lower extremity pain. Treatment and diagnostics to date has included physical therapy, lumbar surgeries, injections, and medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of increased low back pain and neck pain. Objective findings include lumbar tenderness and straight leg raise on the right results in mild increase in pain. The treating physician reported requesting authorization for retrospective lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MRI Lumbar Spine (DOS 4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in November 1993. Treatments included a lumbar spine fusion with subsequent removal of hardware. An MRI of the lumbar spine in 2005 and lumbar spine x-rays in 2012 showed findings of a solid fusion. When seen, she was having increasing pain. Physical examination findings included lumbar spine tenderness. There was low back pain with straight leg raising. She was able to ambulate without signs of weakness. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.