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| Case Number: | CM13-0003941 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 11/30/2010 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 07/26/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old gentleman injured in a work-related accident on 11/30/10. The records provided for review included a clinical assessment dated 12/5/13 by [REDACTED] who noted ongoing complaints of pain in the lumbar spine with increased symptoms of bilateral hip, knee, and ankle pain. Physical examination was noted to be "unchanged" with dysesthesias in the L5 and S1 dermatomal distribution with tenderness to palpation of the lumbar spine and no other indication of documented motor, sensory, or reflexive findings. A report of an MRI scan dated 8/23/13 showed at the L5-S1 level a 2.5 millimeter disc protrusion, facet hypertrophy, and no significant change from prior study of 7/26/11. The working assessment at that date was chronic right S1 radiculopathy. There is a request for further lumbar MRI imaging in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI LUMBAR SPINE (ONE CALL MEDICAL): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - MRI (MAGNETIC RESONANCE IMAGING).

Decision rationale: California ACOEM Guidelines and MTUS Guidelines are silent regarding repeat lumbar imaging. When looking at the Official Disability Guidelines, repeat MRI scans are "not routinely recommended" and should be reserved for "significant change in symptoms or findings suggestive of significant pathology. The records in this case reveal that an MRI scan was performed on 8/23/13 that showed no significant or interval change since previous film of July 2011. The records provided for review do not indicate that the claimant has had a change in his symptoms or examination findings since the August 2013 MRI to warrant another MRI scan. Based on the lack of documentation of significant change in symptoms, it is unclear as to why further clinical imaging would be indicated or appropriate at this stage in the claimant's care. The specific request for further MRI scan at this stage would not be recommended.