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| Case Number: | CM13-0012303 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 09/03/2008 |
| Decision Date: | 03/19/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 male patient with the date of injury of September 3, 2008. A utilization review determination dated August 5, 2013 recommends non-certification of MRI w/o contrast of the lumbar spine. The previous reviewing physician recommended non-certification of MRI w/o contrast of the lumbar spine due to lack of documentation of unequivocal findings of specific nerve compromise. A progress report dated November 13, 2013 identifies he has symptoms of lower back pain, weakness, and radiating pain in the right leg. The physical examination identifies lumbar range of motion allows for 70 degrees of flexion at the hips with forward reach to the midshin. There is weakness of right anterior tibialis and positive straight leg raising on the right. The diagnoses include L5-S1 radiculopathy April 16, 2010 and right L5 radiculopathy by EMG on June 6, 2012. Conclusion identifies the patient's last MRI was in 2009. An updated scan is needed to assess his condition and guide further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding repeat imaging, Official Disability Guidelines states that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient's previous MRI was in 2009. The patient underwent surgery in 2010. There is note of continued symptoms and findings consistent with radiculopathy. As such, the currently requested MRI w/o contrast of the lumbar spine is medically necessary.