

Case Number:	CM13-0013469		
Date Assigned:	06/06/2014	Date of Injury:	01/30/2003
Decision Date:	07/11/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopaedic 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:

The records presented for review reflect this 64 year-old male sustained an injury on 1/30/2003. The mechanism of injury was not listed. There are ongoing complaints of low back pain with radiation to the right posterior lateral thighs. At the most recent office visit (and only progress note) dated 6/27/2013 physical examination demonstrated diffuse tenderness to the lower lumbar area without spasming; range of motion of the lumbar spine: flexion 20 degrees and extension 10' degrees; straight leg raising causes back pain; reflexes and muscle testing are intact and lower extremities. Diagnostic imaging: MRI of the lumbar spine was performed in 2008, but was unavailable for review; no plain radiographs mentioned. Diagnosis: chronic back pain status post fusion (operative note unavailable). Previous treatment includes Celebrex. A request had been made for a MRI of the lumbar spine with and without contrast. The utilization review in question, rendered a denial on 07/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH AND WITHOUT GAD: 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.

Decision rationale: ACOEM guidelines support and MRI of the lumbar spine for patients with chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of available medical records, report a work-related injury in 2003, a previous MRI of the lumbar spine (not available for review), and chronic radicular pain without any neurological deterioration or deficits documented on physical exam. As such, this request is not medically necessary.