MAXIMUS Federal Services

Case Number:	CM13-0013988		
Date Assigned:	10/02/2013	Date of Injury:	08/05/2011
Decision Date:	01/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Medicine, 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:

The patient is a 38-year-old male who sustained a work-related injury on 08/05/2011. The patient's diagnoses include low back pain, lumbar radiculopathy, neck pain, and left foot and ankle pain. The patient had an MRI of the lumbar spine on 11/18/2011 which revealed a paraneural cyst with associated chronic enlargement of right S1 neural foramen, degenerative disc disease, mild right foraminal stenosis, and right foraminal and dorsal annular fissures. The most recent progress report is dated 07/18/2013. Subjectively, the patient reported that his pain medication regimen at that time decreased pain to a moderate level. The patient's medications included Norco, Naproxen, Flexeril, Prilosec, and Cymbalta. Objective findings revealed tenderness to palpation and tightness. The treatment plan included medication refills, a request for authorization for an updated MRI of the lumbar spine, a urine drug screen, and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, MRIs

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 Chapter, MRIs (magnetic resonance imaging)

Decision rationale: CA MTUS/ACOEM does not address repeat MRI. Official Disability Guidelines state that "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)." The clinical information submitted for review lacks documentation of any significant change in symptoms or findings of significant pathology. The physical examination findings have been consistent for radiculopathy which has been corroborated by an imaging study in 2011 and an electrodiagnostic study in 2012. As such, given the lack of documented evidence to warrant a repeat imaging study and Official Disability Guidelines, the request for repeat MRI of the lumbar spine is non-certified.