

Case Number:	CM13-0016083		
Date Assigned:	09/27/2013	Date of Injury:	09/25/2006
Decision Date:	01/13/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/23/2013

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 PM&R, has a subspecialty in Interventional Spine 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:

57 y.o. male with injury from 11/9/10, suffers from chronic low back pain. Utilization review letter from 7/30/13 denied the request stating that the patient recently had an MRI and a repeat of MRI was not medically indicated. The prior MRI done was from 2012. Review of the reports from 2013 shows a list of diagnoses, s/p L4-S1 fusion; reduction of spinal deformity L5-1; possible screw displacement at L5, left; a scrotal hematoma and teticular pian, from anterior lumbar fusion surgery; possible early pseudarthrosis. Lumbar surgery was from 4/17/12. There is a report with request for Lumbar MRI and CT scan from 6/27/13 report by [REDACTED]. There is a report from 8/18/13 which is an MRI of L-spine from Prohealth showing posterior spinal rods at L4-S1, anterior vertebral body screws at L5 and S1, intervertebral disk spacers at two levels. 9 mm anterolisthesis noted at L5-S1. There is also a CT scan report from 8/18/13 which noted likely loosening of left S1 pedicular screw.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine.: Overturned

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
Page(s): 303.

Decision rationale: This patient is s/p two level lumbar fusion with instrumentation from 2012. Current clinical situation is that the patient has persistent radicular symptoms and a possible loose hardware. For surgical evaluation, both MRI and CT scans were requested. The utilization reviewer denied the request stating that the patient had an MRI. However, the prior MRI was 2012, possibly before the patient had his surgery or shortly thereafter. It has been over a year and the patient presents with a new problem, namely loosening of hardware and persistent radiculopathy despite treatments. Updating both MRI and CT scan appear medically reasonable and supported by the ACOEM guidelines. MRI is needed for optimal appreciation of nerve root and soft tissue structures. CT is need for visualization of hardware and bone. Recommendation is for authorization.