MAXIMUS Federal Services

Case Number:	CM13-0021590		
Date Assigned:	11/13/2013	Date of Injury:	02/14/2011
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 & Rehabilitation 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 37 year old male who reported an injury on 02/14/2011. The mechanism of injury was a fall of 6-8 feet when his harness broke. The patient's diagnoses included calcaneus fracture, and sprain/strain, lumbosacral. The most recent clinical note dated 08/28/2013 reported the patient continued to complain of back and left ankle pain rated 4/10. Upon assessment, there was tenderness to palpation and decreased range of motion to back. The patient had received a MRI on 10/06/2011, post the reported injury, and then another 07/19/2013. The repeat MRI revealed a persistent disc extrusion at L4-5 level with disc degeneration at this level. The EMG/NCV of the lower extremities, done 08/23/2011 revealed left S1 radiculopathy. The patient has received physical therapy, medication management, chiropractic treatments, and functional restoration. The physician recommended L4-5 posterior lumbar laminectomy and fixation to be followed by an L4-5 anterior lumbar decompression with interbody fusion to definitively treat his lumbar disc degeneration and disc disruption.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRIs.

Decision rationale: California MTUS ACOEM recommends MRI when infection, fracture, tumor, or cauda equina are suspected, and if plain film radiographs are negative. Official Disability Guidelines states repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation of a significant change in the patient's symptoms since the previous MRI. The most repeat MRI revealed persistent disc extrusion at L4-5 level with disc degeneration at this level. Objective clinical findings that suggest there may be a significant change in the patient's condition since receiving the MRI 07/19/2013 are not available in the medical record. Due to the lack of clinical information to support the need for an additional repeat MRI, the request for MRI lumbar spine without contrast is non-certified.