

Case Number:	CM13-0030556		
Date Assigned:	02/05/2014	Date of Injury:	02/04/2010
Decision Date:	04/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, 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 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:

According to the records made available for review, this is a 47-year-old female with a 2/4/10 date of injury, and 6/3/10 L3-L4 transforaminal lumbar interbody fusion. At the time (8/6/13) of request for authorization for MRI of the lumbar spine, there is documentation of subjective (low back pain and right hip problems) and objective (not specified) findings, imaging findings (CT lumbar spine (6/7/10) report revealed status post interval PLIF at L3-L4 with approximately 5mm spondylolisthesis of L3 on L4), current diagnoses (status post L3-L4 transforaminal lumbar interbody fusion and L3-4 spondylolisthesis), and treatment to date (physical therapy, medications, and a previous lumbar fusion). Medical report identifies that "I told her that I would get her completely worked up again"; we are going to get an AP and lateral of the thoracic spine, lumbar spine, and pelvis; and also an MRI scan of the lumbar spine and cervical spine. There is no documentation of red flag diagnoses where plain film radiographs are negative and objective findings that identify specific nerve compromise on the neurologic examination.

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 Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of status post L3-L4 transforaminal lumbar interbody fusion and L3-4 spondylolisthesis. In addition, there is documentation of conservative treatment (physical therapy, medications, and a previous lumbar fusion). However, there is no documentation of red flag diagnoses where plain film radiographs are negative and objective findings that identify specific nerve compromise on the neurologic examination. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.