

Case Number:	CM13-0030682		
Date Assigned:	11/27/2013	Date of Injury:	01/12/2007
Decision Date:	02/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice and is licensed to practice in Arizona. 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:

Patient is a 61-year-old male with an industrial injury from 1/12/07. Ongoing treatment for lower back pain has continued since date of injury, including spinal fusion in 2009 and hardware removal 2012, pain medication (oxycodone, Dilaudid, morphine), activity modification, and physical therapy. Patient has received the diagnoses of lumbar radiculopathy, post laminectomy syndrome, and facet arthropathy. Objective physical findings from 11/12-8/13 reveal lumbar spasm and tenderness, myofascial trigger points from L3-S1, a positive right straight leg test, decreased sensation in right leg with normal reflexes and no weakness. Previous imaging studies include a MRI (10/19/12) which demonstrated L4-L5 fusion and hypertrophic changes in the facet joints L5-S1 bilaterally. Patient also received MRI exams on 1/5/11 and 5/25/09. Most current records from 8/13 treatment proposals include, weaning off percocet, repeat lumbar MRI, and pool exercises, and LINT.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 Chapter, MRIs and Repeat Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Pain chapter

Decision rationale: CA MTUS ACOEM guidelines highlight that unequivocal objective findings that identify specific nerve involvement is needed to warrant imaging, and that indiscriminant imaging may result in false positive results. The ODG Low Pain chapter/repeat imaging, does not recommend repeat imaging unless there are significant change in symptoms or potential significant pathology. The medical records reveal that this patient has had multiple MRI's the most recent being less than a year prior. There is no evidence that demonstrates any worsening neurological symptoms or any red flags for significant pathological conditions. Due to this lack of evidence, a repeat Lumbar MRI would not be deemed medical necessary.