MAXIMUS Federal Services

Case Number:	CM13-0031810		
Date Assigned:	12/04/2013	Date of Injury:	06/23/1997
Decision Date:	03/06/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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, 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:

The patient is a 40-year-old female with date of injury on 06/23/1997. The progress report dated 08/16/2013 by [redacted] indicates that the patient's diagnoses include failed back surgery x3, lumbar myofascial pain, radiculopathy bilaterally. The patient presents with complaints of current flare of her low back pain and also with complaints of worsening numbness in both right and left legs as it extends caudally. Exam findings indicate there was tenderness in the lumbosacral musculature with bilateral mild spasms located in the lumbosacral junction. Restricted lumbar range of motion. There are paresthesias also noted in the right leg to approximately the knee and left leg to the foot. A CT scan was requested for lumbar spine as hardware is in place. The progress report dated 08/30/2013 indicates that the numbness had continued. It appears that the CT scan was denied, and the treater was now requesting lumbar MRI as well as electrodiagnostic test for the bilateral lower extremities. Utilization review letter dated 09/17/2013 issued non-certification for the request for repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A repeat MRI of the 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, MRI.

Decision rationale: The patient presents with low back pain with a recent increase in numbness and paresthesias into the right leg down to the knee and left leg down to the foot. The treating physician had requested a repeat MRI for the lumbar spine. MTUS Guidelines are silent on repeat MRIs for patients with failed back surgery. Therefore, ODG Guidelines were reviewed which state that MRIs are test of choice for patients with prior back surgery. Repeat MRIs are indicated only if there has been progression of neurologic deficit. The records appear to indicate the patient has recently had a progressive increase in numbness in the bilateral lower extremities. Utilization review letter dated 09/17/2013 indicates that previous MRI dated 02/02/2009 showed postoperative surgical findings at L5-S1 with no other pathological problems. The request for repeat MRI in this case appears to be reasonable as patient has continued to have progressing worsening of numbness in the bilateral lower extremities. Evaluation of records prior to 08/16/2013 including the records from 05/24/2013, 06/21/2013, and 07/19/2013 did not appear to have any subjective or objective findings of numbness by the patient. Authorization is recommended.