

Case Number:	CM13-0032359		
Date Assigned:	12/11/2013	Date of Injury:	12/06/2009
Decision Date:	02/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 female who reported an injury on 12/06/2009. The patient is diagnosed with displacement of lumbar intervertebral disc, lumbar spondylosis, and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 08/14/2013. The patient is status post L5-S1 ALIF in 02/2012. The patient reported no significant interim events or new complaints. Physical examination revealed 4/5 muscle strength in the bilateral ankles and decreased sensation to light touch over the left foot. Treatment recommendations included an MRI of the lumbar spine as well as an x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Magnetic Resonance Imaging

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. The patient's physical examination on the requesting date of 08/14/2013 did not reveal significant tissue insult or neurologic deficit. The patient reported no significant interim events and no new complaints. It is noted that the patient reported left lower extremity numbness and symptoms of radiculopathy; however, the patient has already undergone an EMG/NCS which revealed left L4, L5, and S1 active denervation. There has been no significant change in the patient's clinical status that would warrant a lumbar MRI at this time. Based on the clinical information received, the request is non-certified.