

Case Number:	CM13-0032379		
Date Assigned:	12/11/2013	Date of Injury:	08/12/2011
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
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 Family Practice 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:

A 57-year-old female injured 06/12/2011 in an industrial accident that resulted in low back pain. The records indicate that she was with significant lumbar history predating her 2011 accident that included an L5-S1 fusion in 02/2006 with subsequent hardware removal 2 years later. The recent clinical assessment for review includes and 08/14/2013 MRI scan of the lumbar spine that demonstrated postsurgical changes at the L5-S1 level with prior fusion and L1-2 central disc protrusion with mild impression on the thecal sac, grade 1 retrolisthesis of L3-4, and disc bulging at L4-5 resulting in bilateral facet arthrosis and mild bilateral neural foraminal narrowing. The clinical records in this case indicate physical examination was performed the same date just prior to the MRI scan just reviewed of 08/14/2013 with treating physician [REDACTED], stating a current diagnosis of status post fusion with hardware removal and grade 1 spondylolisthesis with facet disease. He recommended the MRI at that time to further assess the claimant's facet disease stating a precise study was needed at the L4-5 level for the above request. The physical examination findings that date demonstrated difficulty walking and antalgic gait, tenderness to the lumbar spine with guarding with extension and no neurologic findings documented. At present, there is a request for an MRI scan with 3D rendering and interpretation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with 3D rendering and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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, MRI.

Decision rationale: The California MTUS Guidelines are silent regarding repeat imaging to the lumbar spine. When looking at ODG criteria, repeat imaging is only indicated for significant change in symptoms or findings suggestive of significant pathology. The records indicate the claimant underwent a recent MRI scan in 08/2013 with no indication or post imaging reports available for review indicating why further MRI scan with 3D rendering would be supported. The claimant's assessment of 08/2013 also failed to demonstrate any documentation of neurologic finding demonstrating progressive neurologic dysfunction or significant change in claimant's clinical course of care. While exam findings tended to be positive for axial discomfort, this would be consistent with the claimant's prior history of multiple previous lumbar surgeries including fusion with hardware removal. The absence of acute findings on examination and recent MRI scan performed would fail to necessitate the specific request for a further MRI of the lumbar spine with "3D rendering and interpretation."