

Case Number:	CM13-0034915		
Date Assigned:	12/11/2013	Date of Injury:	01/12/2000
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The patient is a 53-year-old male who reported an injury on 01/10/2000 due to cumulative trauma while performing normal job duties that resulted in low back pain. The patient was treated with physical therapy, medications, and radiofrequency ablation. The patient underwent an MRI in 03/2010 that revealed disc degenerative changes with disc bulges without focal disc protrusion and mild right foraminal narrowing at the L2-3 and L3-4 with left foraminal narrowing at the L4-5. The patient's most recent clinical examination findings included decreased lumbar range of motion secondary to pain, tenderness to palpation along the lumbar paraspinal musculature, and motor strength rated at a 5/5 in the bilateral lower extremities. The patient's diagnoses included chronic low back pain secondary to lumbosacral degenerative disc disease, neuropathic pain, and severe muscle spasms. The patient's treatment plan included continuation of medications and an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar spine without contrast: Upheld

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 Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: The requested MRI of the lumbar spine without contrast is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had an acute exacerbation of the patient's chronic low back pain. [REDACTED] recommends imaging studies when there is evidence of progressive neurological deficits documented within the clinical examination findings. The clinical documentation submitted for review does not provide any neurological deficits that would support the need for an imaging study. Additionally, the Official Disability Guidelines do not recommend repeat imaging unless there is evidence of significant progression of neurological deficits or evidence of a significant change in the patient's pathology. The clinical documentation submitted for review does provide evidence that the patient underwent an MRI in 03/2010. The clinical documentation does not support a significant change in the patient's neurological examination or evidence of a change in the patient's pathology. Therefore, the need for an additional MRI is not supported by Guideline recommendations. As such, the requested MRI of the lumbar spine without contrast is not medically necessary or appropriate.