

Case Number:	CM13-0038547		
Date Assigned:	12/18/2013	Date of Injury:	08/16/2012
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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, 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:

This is a 47-year-old male. Date of injury is 08/16/2012. The patient presents with chronic low back pain at intensity of 8/10 to 9/10, intermittent left-sided abdominal pain due to hernia, and constant problems with anxiety and stress. Per [REDACTED] report on 09/03/2013, diagnoses are lumbar spine myofascitis with radiculitis, rule out lumbar spine disk injury; left lower inguinal hernia repair; psych - deferred. Treatment recommendation was for a hernia specialist consultation. Examination showed positive straight leg raise on the right at 20 degrees. Sitting root test was positive on the right. Standing Kemps' test was positive bilaterally, hypoesthesia at L5 on the right side. Under history of injury, he states, "The patient underwent MRI of the lumbar spine on 07/01/2013. Report is by [REDACTED] who reviewed MRI of the lumbar spine from 10/04/2012 with 6-mm left-sided disk herniation at L5-S1 and right paracentral disk herniation at L4-L5 and 3-mm disk at L3-L4. There was also MRI of the thoracic spine. The patient reportedly saw [REDACTED] who is a spine surgeon who recommended a trial of lumbar epidural steroid injection as well as the possibility of a two-level lumbar fusion from L4 to S1. Report from 05/23/2013 by [REDACTED] has 3 requests, one for pain management consultation, "obtain MRI results", and continue with medications as needed for pain. This request for MRI of the lumbar spine was denied by utilization reviewer's letter 09/23/2013 with the rationale that the patient had MRI from 2012 without documentation of aggressive symptomatology. No discussion regarding pending surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with chronic low back pain with radiation to lower extremities. MRI of the lumbar spine was obtained on 10/25/2012 that showed disk herniations at multiple levels particularly L4-L5 and L5-S1. The current review appears to be MRI of the lumbar spine but I was not able to find any recommendations by treating physician for an updated MRI or a repeat MRI. What I did find was a statement for "obtain MRI results" per report on 05/23/2013 by [REDACTED]. Reading the utilization review letter from 09/23/2013 does not provide any insight as to what is exactly being requested. Despite review of reports from 04/04/2013 to 09/03/2013 by [REDACTED] and [REDACTED], I am unable to find any evidence that there is actually a request for MRI of the lumbar spine. It maybe that [REDACTED] is simply asking for MRI results to be obtained. Review of the reports also would suggest that a lumbar epidural steroid injection is being recommended. It is not known whether or not this has been tried. There are no spine surgical consultation reports to determine whether or not the patient is being considered for surgery. There does not appear to be a need for an updated MRI at this juncture. There has been no progression of the patient's symptoms. No new injury, no immediate consideration for lumbar surgical intervention. The patient already had an MRI from 10/25/2012 showing disk herniations at multiple levels. ACOEM Guidelines page 303 does not recommend MRI unless the patient is considering surgery as an option and there is evidence of clear nerve dysfunction. This patient's MRI was already obtained in 2012. Recommendation is for denial.