

Case Number:	CM13-0041828		
Date Assigned:	12/20/2013	Date of Injury:	04/07/2006
Decision Date:	02/20/2014	UR Denial Date:	10/03/2013
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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 34-year-old female who reported a work-related injury on 04/07/06 while lifting a patient. The patient underwent a lumbar discectomy at L5-S1 on 12/14/06. The patient developed right sided symptoms, with reportedly documented disc space collapse, eventually underwent a L5-S1 spinal decompression and fusion on 12/07/07. Most recent MRI of lumbar spine on 02/13/12 revealed postoperative changes compatible with prior interbody and interpedicular fusion at L5-S1 level, with apparent solid bony fusion noted. The bone hardware interfaces cannot be evaluated on MRI due to metallic artifact, although no obvious hardware complication is identified. Partial laminectomy changes are noted at L5-S1. According to the primary treating physician's progress report 05/21/12 the patient carries diagnosis of failed back syndrome and continued off work, pain management was recommended. According to progress report dated 09/09/13; the patient complains of worsening low back pain with radiation into the right leg; pain in the right hip. Physical exam revealed tender lumbar spine, straight leg raise right 40°, left 70°. X-rays showed a solid fusion. The patient remains full duty. The treating physician is requesting authorization for repeat MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine magnetic resonance imaging (MRI) (repeat study): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (Acute & Chronic) Procedure Summary "Repeat MRI's.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not address repeat MRI of lumbar spine. According to Official Disability Guidelines (ODG) Low Back (Acute & Chronic) Procedure Summary "Repeat MRI's are indicated only if there has been progression of neurologic deficit.- In this case, report submitted for review is without evidence of supportive findings indicating progressive pathology post last surgery or post most recent MRI of lumbar spine. The patient carries diagnosis failed back syndrome, the requested MRI scan apparently is based on subjective complaints of current low back pain and right sided radicular pain without significant objective findings. According to the primary treating physician's progress report 05/21/12 the patient carries diagnosis of failed back syndrome and continued off work, pain management was recommended. According to progress report dated 09/09/13; the patient complains of worsening low back pain with radiation into the right leg; pain in the right hip. Physical exam revealed tender lumbar spine, straight leg raise right 40', left70'. X-rays showed a solid fusion. The patient remains full duty. A repeat MRI scan is indicated if there is evidence of progressive neurologic dysfunction or if pain has reached the level where operation is under active consideration. Conservative treatment is symptom-based, and imaging studies should not be the basis of determining non-operative therapy, nor simply to update a patient's status, because there is no recent imaging study. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, the requested repeat MRI scan of lumbar spine is not medically necessary.