

Case Number:	CM13-0042051		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2011
Decision Date:	04/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 expert 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 with date of injury 7/1/11. The treating physician report dated 9/18/13 indicates that the patient has pain affecting the cervical and lumbar spine with pain affecting the hip, thigh and knee. The current diagnoses are: 1.Difficulty Walking 719.7 2.Lumbar disc herniation 722.10 3.Lumbar DDD 722.52 4.Lumbago 5. Lumbar myospasm 6.Lumbar spinal stenosis The utilization review report dated 10/11/13 denied the request for a lumbar MRI based on the rationale that the patient already had a lumbar MRI on 4/5/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) ODG-TWC GUIDELINES ([http://www.odg-twc.com/odgtwc/low back htm#Protocols](http://www.odg-twc.com/odgtwc/low%20back.htm#Protocols))

Decision rationale: The patient presents for orthopedic evaluation of chronic lower back pain with pain affecting the hip, thigh and knee. Review of the treating physician report indicates the

patient has lumbar flexion 40/60 with extension 15/25. There is decreased sensation in the L3-L4 dermatomes and knee jerks were 1 to 2+ bilaterally. There is no documentation of prior treatment history. The treating physician notes in his report that an MRI was performed on 4/5/12 which revealed L1/2 disc bulge of 3-4mm, 4mm retrolisthesis at L2/3 and 5mm disc protrusion at L4/5. There is no documentation of any significant changes in the patient's condition or exacerbation. The MTUS guidelines do not address MRIs. The ODG guidelines state: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms Final Determination Letter for IMR Case Number [REDACTED] and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The physician report reviewed does not provide any compelling rationale as to why a repeat MRI is medically necessary. The request is denied.