

Case Number:	CM13-0042150		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2011
Decision Date:	03/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 sustained a work related injury on December 30 2011. He subsequently developed chronic back pain. The patient underwent spinal lumbar fusion on September 12, 2012. According to the note of September 12 2013, the patient continued to have chronic back pain and radicular pain. His physical examination demonstrated lumbar tenderness with reduced range of motion. His x-rays of the lumbar spine showed grafts at L4-5 and L5-S1. A CT scan of the lumbar spine with and without contrast performed on October 21, 2013 demonstrated persistent disc bulging at L5-S1, and interval interbody fusion change at the level of L4-L5 and L5-S1. The provider is requesting an MRI of the lumbar spine.

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, with and 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): 304.

Decision rationale: According to MTUS guidelines, MRI of the lumbar spine is indicated If the patient has a history of disc protrusion, cauda equina syndrome, spinal stenosis, and

postlaminectomy syndrome. The patient has already an CT scan of the lumbar spine on October 21, 2013, and the justification for another imaging study in a short time period is not clear. The provider should document the advantage of performing a new MRI over the CT scan recently performed demonstrating lumbar spine disease. Furthermore, the requesting physician did not provide documentation of recent change (acute or subacute changes) in the patient clinical status that justify another MRI in a short time period. Therefore the request for a lumbar MRI is not medically necessary.