

Case Number:	CM13-0046695		
Date Assigned:	06/09/2014	Date of Injury:	03/31/2009
Decision Date:	07/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery, 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:

This 57-year-old male mechanic sustained an industrial injury on March 31, 2009. The mechanism of injury is not documented. The patient underwent L4-S1 decompression and fusion on October 14, 2010 and subsequent L4/5 hardware removal on August 31, 2012. The May 14, 2013 PQME report cited constant low back pain radiating to the left knee and constant pain both knees with bilateral foot numbness. The neurologic lower extremity exam documented 5/5 strength, intact sensation, symmetrical 1+ patellar reflexes, and absent Achilles reflexes bilaterally. The August 26, 2013 treating physician report cited persistent low back pain radiating to both legs with numbness and tingling. Lumbar spine exam findings documented tenderness from the mid to distal lumbar segments, pain with terminal motion, positive seated nerve root testing, and residual dysesthesia in the left lower extremities. The treatment plan requested a lumbar MRI as the patient had persistent low back pain with radicular symptoms. The September 23, 2013 utilization review denied the request for lumbar MRI as there was no documentation of a new neurologic deficit to support the medical necessity of a repeat MRI.

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): 207 and 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 12), pages 52-53.

Decision rationale: The 2007 revised Low Back Complaints Chapter of the ACOEM Practice Guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have not been met. There is no current evidence of worsening neurologic findings to support the medical necessity of repeat MRI. There is no evidence of significant clinical deterioration. Therefore, the request for an MRI of the lumbar spine is not medically necessary or appropriate.