

Case Number:	CM13-0050581		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2001
Decision Date:	08/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 57 year-old female with the date of injury of 01/21/2001. The patient presents with constant low back pain and symptoms including decreased mobility, difficulty initiating sleep, limping, weakness, numbness, popping, spasms, swelling, or tingling in both of her legs. According to the treating physician report on 11/20/2013, diagnostic impressions are, failed back surgery syndrome lumbar, low back pain, chronic pain due to trauma, adjustment disorder with anxiety, depression, insomnia, depression/anxiety and COAT. The request is for an MRI of lumbar spine without and with dye. The requesting provider provided treatment reports from 04/10/2013 to 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT AND WITH DYE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 LOW BACK.

MAXIMUS guideline: Decision based on the MTUS American College of Occupational and Environmental Medicine (ACOEM), chapter 12: Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back chapter.

Decision rationale: The patient presents with moderate to severe low back pain, and weakness or numbness of both of her legs. The request is for an MRI of lumbar spine without and with dye. The review of the reports does not indicate that the patient had a previous MRI of her lumbar spine. In addition, the treating physician does not indicate why MRI of her lumbar spine is being requested. There are no reports that specifically discuss this request. The ACOEM guidelines state, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The ODG does not recommend it unless progression of neurologic deficit is suspected; for post-operative, and for neurologic signs and symptoms. This patient has history of spine surgery, continues to be symptomatic with numbness and tingling in the legs. The requested MRI appears reasonable. Recommendation is for authorization.