

Case Number:	CM13-0054999		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2005
Decision Date:	05/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Osteopathic Manipulative Medicine and is licensed to practice in Arizona. 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 is a 38 year old male with an industrial injury that occurred on the 28th of Nov, 2005 who has undergone lumbar fusion with instrumentation who, on his most recent periodic report dated 10-28-2013 complains of constant low back pain at 9/10 on 1 to 10 subjective pain scale. On physical examination, he has noted to have a positive straight leg raise, limited lumbar range of motion, but aside from radicular symptoms, no neurological deficits in motor strength, sensation or deep tendon reflexes. Requesting physician's plan includes: 'He would like to get a caudal epidural injection. However, we no recent MRI or CT scan to evaluate the spine to be able to make the proper order for the procedure. He may benefit from facet or ESI but imaging needs to be done and reviewed.'

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OR CT OF LUMBAR SPINE WITHOUT CONTRAST: 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), MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309.

Decision rationale: Table 12-8 page 309 states CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative (C). Additionally, it is

recommended that MRI is test of choice for patients with prior back surgery (D). Bearing in mind the patient's most recent physical examination dated 10-28-2013 has no neurological deficits on physical examination, aside from a positive straight leg raise, with reported denial of bowel control and no focal neurological changes on his review of systems, and with no recent plain radiographs obtained, the request for lumbar MRI or CT is not medically necessary.