

Case Number:	CM13-0055184		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2012
Decision Date:	06/05/2014	UR Denial Date:	11/15/2013
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 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:

The records reflect that this is a 59 year-old individual who sustained an injury on January 2012. The diagnosis is noted to be lumbar disc displacement . The mechanism of injury was noted as a blunt force trauma to the low back. A previous MRI noted degenerative changes at L2/L3 and L3/L4 with canal narrowing. A right lateral recess stenosis is also noted. Surgical intervention was completed in April, 2013 and the postoperative pain level was noted to be 10/10. A postoperative MRI obtained in May, 2013 noted fibrous tissue healing. The treating surgeon indicated the surgery was doing quite well. Postoperative rehabilitation physical therapy was completed and a marked reduction in lumbar spine range of motion is noted. Plain radiographs were obtained on December 9, 2013 noting the spinal alignment to be atomic, stable to flexion extension, no disc herniation is identified and there are small osteophytes noted at multiple levels. The facet joints are outlined and there are no pars interarticularis defects. The progress note dated October 24, 2013 noted this 5'6", 142 pound individual with a slightly decreased lumbar spine range of motion. Straight leg raise was equal bilaterally. The clinical assessment was status post L3/L4/L5 laminectomy/discectomy with postoperative MRI showing no evidence of recurrence. A congenital spinal stenosis is noted. Motor function is under be 5/5, a slight sensory loss in the L3/L4/L5 distribution is also noted. The medical records prior to October, 2013 are reviewed noting the injury, treatment to date as well as the surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH/ WITHOUT GADOLINIUM: 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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, LOW BACK CHAPTER, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: When considering the injury sustained, the imaging studies obtained prior to and after surgery, based on the most current physical examination and the recent plain films, there is no clinical indication to pursue a repeat MRI of the lumbar spine. There is no neurologic functional loss, motor function is 5/5, there is no instability to flexion or extension, and there are some degenerative changes. Based on the criteria outlined in the MTUS, there simply is no data presented to suggest the need for a repeat MRI.