

Case Number:	CM13-0057914		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2011
Decision Date:	04/29/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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, 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:

This is a 54 year-old male who was injured on 12/30/2011. He has been diagnosed with pseudo arthrosis failed fusion L4/5 and L5/S1; significant foraminal stenosis bilaterally at L4/5 and L5/S1 from residual disc herniation and bone spur formation; r/o disc herniation at L3/4. According to the 10/24/13 neurosurgical report from [REDACTED], the patient continues with low back pain and intermittent radiculopathy. He had formal PT and it made his symptoms worse. Exam shows decreased sensation to pinprick in the posterior calf and thighs bilaterally. The physician requests a contrast MRI to formalize the diagnosis and assess the patency of the discs above the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR SPINE MRI WITH CONTRAST AS OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER FOR MRI

Decision rationale: The patient presents with low back pain and intermittent radicular symptoms. He is reported to have pseudo arthrosis and failed L4/5 and L5/S1 fusion. The neurosurgeon requested an MRI to evaluate the levels above L4. There were no clinical exam findings of upper lumbar nerve root compression. The pattern of radiculopathy was reported down the posterior thighs and calves. The MTUS/ACOEM guidelines do not discuss repeat MRIs. ODG guidelines were consulted. ODG guidelines state routine repeat MRIs are not recommended, but also state an indication for MRI, is "uncomplicated low back pain, prior lumbar surgery" The request does appear to meet the MTUS guidelines.