

Case Number:	CM13-0058472		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2007
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 employee, a 37 year old man, states he was injured on 2/17/2007, and now has intervertebral disc degeneration. He states he was injured when he lifted a container of a heavy dough mixture, injuring his back. His provider is requesting a lumbar Magnetic resonance imaging (MRI) with and without contrast. He had a lumbar fusion in 2011. He had imaging 6/18/2013, with both x-ray and Magnetic resonance imaging (MRI) showing a stable fusion L4-5 and decreased disc bulging at L4-5 and L5-S1 with worsening facet arthropathy. He continues to have severe pain despite medical management on multiple agents with different mechanisms of action. Complicating his management of low back pain is significant psychiatric pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-304.

Decision rationale: He recently had a Magnetic resonance imaging (MRI). The request has not made it clear what additional information is sought from another study within months of the last.

The neurosurgeon suggested he get updated films in May 2013, and it was requested on 5/27/13. MRI was completed 6/18/13, noting an increase in facet arthropathy. Another MRI with and without contrast was requested 10/30/13. Lumbar Magnetic resonance imaging (MRI) with contrast is indicated for post laminectomy syndrome. Magnetic resonance imaging (MRI) is also helpful in diagnosing lumbar disc protrusion and spinal stenosis. However, there was no new inciting event after the Magnetic resonance imaging (MRI) was completed with and without contrast on 6/18/2013. Without notable changes, a new study is not needed so soon (4 months) after this one was completed. I agree with denial of this repeat study.