

Case Number:	CM13-0060495		
Date Assigned:	01/03/2014	Date of Injury:	06/19/2012
Decision Date:	03/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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 24 year old male who was injured on 06/19/2012 while pulling a hand truck with about 400 pounds of [REDACTED] soda on it. Prior treatment history has included therapy, selective nerve root block with no significant pain relief. The patient underwent a left L5-S1 microdiscectomy performed 04/26/2013. Diagnostic studies reviewed include MRI lumbar spine without contrast performed 02/26/2013 revealed L4-5: Broad-based protrusion and L5-S1: Left paracentral disk protrusion. The clinic note dated 11/06/2013 documented objective findings on exam to include no evidence of tenderness at the midline. There was no tenderness bilaterally at the paraspinal or trochanters. There was no step-off or paraspinal spasm. There was normal range of motion; strength bilaterally was 5 out of 5 for the iliopsoas, quadriceps and hamstrings; 5 out of 5 bilaterally at the tibialis anterior. Reflexes were 2+ for quadriceps and ankle jerk. Straight leg raise and crossed SLR negative. The clinic noted dated 08/20/2013 documented objective findings on exam to include a positive tension sign at about 40 degrees and slightly diminished sensation to light touch in the lateral aspect of his left calf.

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 Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: According to the California MTUS guides, the MRI for patients with prior back surgery is classified as "Panel interpretation of information not meeting inclusion criteria for research based evidence". As there are very limited guidelines on the criteria for a repeat MRI of the lumbar spine in the California MTUS, the ODG was also utilized in the decision. According to the ODG, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There is no documentation in the records provided of any significant changes in the patient's symptoms or objective findings.