

Case Number:	CM13-0060773		
Date Assigned:	05/07/2014	Date of Injury:	01/17/2006
Decision Date:	07/09/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine and is licensed to practice in Virginia and the District of Columbia. 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 34 year old patient who sustained injury of Jan 17 2006. She then had issues with back pain and was diagnosed with sciatica, lumbar disk degeneration and spondylolysis of the lumbar spine. The patient had an MRI on Jan 11 2011 which showed disc protrusion, mild bilateral facet syndrome and mild bilateral neural foraminal narrowing at L4-5. At L5-S1, there was evidence of L5 anterolisthesis and marked bilateral neural foraminal narrowing. The patient had physical therapy from March 25 2011 to May 5 2011. Lumbar xrays were done on Jun 20 2013 and showed grade 3 isthmic spondylolisthesis at L5-S1 with moderate disc space narrowing. The patient was seen on Oct 12 2013 for lower back pain by [REDACTED]. She was noted to have full range of motion and a negative straight leg raise. Her motor and sensory exam was unremarkable. She was diagnosed with spondylolysis and sciatica. Physical therapy was ordered as well as MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE BETWEEN 10/16/2013 AND 12/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOWER BACK PAIN-LUMBAR AND THORACIC.

Decision rationale: Per the Official Disability Guidelines (ODG), MRIs are recommended for the indications below. MRIs are test of choice with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (Bigos 1999, Mullin 200, ACR 2000). MRI has also become the mainstay in the evaluation of myelopathy. Per ODG guidelines, the patient did not meet criteria for repeat testing and it was not medically indicated.