

Case Number:	CM13-0061363		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2008
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
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 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:

According to the records made available for review, this is a 60-year-old female with a 6/19/08 date of injury, and status post L4-L5 hemilaminectomy. At the time (11/18/13) of request for authorization for magnetic resonance imaging lumbar spine positional flexion and extension, there is documentation of subjective (pain the lumbar spine) and objective (lumbar spine decreased range of motion, tenderness to palpation along the lumbar paraspinal musculature with paraspinal spasms and tightness) findings, current diagnoses (segmental instability spondylolisthesis at L4-5, herniated lumbar disc at L4-5, L5-S1 with radiculopathy, left greater than right, status post LESI x 3, laminectomy and foraminectomy x 1), and treatment to date (PT, medications, activity modification, and ESIs).

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING LUMBAR SPINE POSITIONAL FLEXION AND EXTENSION: 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), LOW BACK CHAPTER, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, STANDING MRI.

Decision rationale: MTUS does not address this issue. ODG identifies that there is a lack of evidence in the published peer-reviewed scientific literature validating the accuracy, relevance or value of dynamic, standing or positional MRI in the diagnosis and treatment of patients with neck or back pain. Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance imaging lumbar spine positional flexion and extension is not medically necessary.