

Case Number:	CM13-0061725		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2008
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Radiology and is licensed to practice in Texas. 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:

This is a 41-year-old male patient who reported an injury on 09/22/2008. The mechanism of injury was that a piece of steel fell and landed on the patient's back while he was bent over. A CT lumbar scan in 04/2012 delineated disc osteophyte complex to the left at L3-4 with lateral recess narrowing and contact to the left exiting L3 nerve root and there was neural foraminal narrowing at L5-S1 with. It was also noted the patient had a lumbar MRI and physical therapy. On 11/01/2013, the patient presented with new onset of low back pain after having walked down stairs on 10/28/2013. On physical examination, there was weakness of all muscle groups at -5/5. Sensation was intact and there was a negative straight leg raise test.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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, MRI

Decision rationale: Official Disability Guidelines state repeat MRI is not routinely recommended in the absence of new or progressive neurological deficits. The request for MRI lumbar spine with and without contrast is non-certified. The objective findings did not suggest any worsening or progression of the patient's condition to support the need for a repeat MRI. Given that the patient had a previous MRI and CT scan of the lumbar spine as well as conservative care and no evidence to support progression or worsening of physical complaints and functional deficits, the request for MRI lumbar spine with and without contrast is non-certified.