

Case Number:	CM13-0063721		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2008
Decision Date:	04/25/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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:

The claimant is a 51-year-old gentleman who injured his left hip in a work related accident on September 25, 2008. Previous workup of the lumbar spine included a March 26, 2012 MRI report that showed degenerative changes and disc space narrowing from L3-4 to L5-S1 without evidence of nerve encroachment. The clinical report of October 2, 2013 indicated ongoing complaints of pain in the left upper extremity and lumbar spine and noted difficulty sleeping but no documentation of re-injury. Physical examination demonstrated tenderness to palpation, difficulty weight bearing, but no documented neurologic findings. The claimant was diagnosed with lumbar strain. An MRI scan of the lumbar spine was recommended. The claimant was also being treated for posttraumatic arthritis of the left hip. There was also documentation of a prior L1 compression fracture that was noted to be healed from previous assessment including plain film radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) TO THE LUMBAR SPINE TO RULE OUT L1 COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS and ACOEM Guidelines are silent regarding repeat MR imaging of the lumbar spine. According to recommendation by the Official Disability Guidelines, repeat imaging is only supported for a significant change in the course of care or findings suggestive of clinical significance. The records in this case indicate continued subjective complaints of pain but do not indicate new or recent changes to the claimant's objective evaluation that would necessitate of further imaging. The absence of the above at present would fail to necessitate the role of repeat MRI scan at this stage in the claimant's clinical course of care.