MAXIMUS Federal Services

Case Number:	CM13-0064468		
Date Assigned:	01/03/2014	Date of Injury:	09/09/2009
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 63-year-old male who reported an injury on September 09, 2009. The mechanism of injury was the injured worker was on a ladder performing a building inspection and on the way down 1 of the legs of the ladder kicked out and the injured worker attempted to break his fall. The injured worker had two (2) previous MRIs in 2009 and one (1) in 2011. The documentation from October 29, 2013 revealed that the injured worker was in the office for a follow-up of low back and radiating leg symptoms. It was indicated that the injured worker's pain was controlled with the current pain regimen. The injured worker was increasing his exercise regimen. Motor examination showed weakness in the right extensor hallucis longus (EHL) and tibialis anterior of 4+/5 to 5-/5. Sensation was intact to light touch, gait was intact, and there was a negative straight leg raise. The diagnoses included status post L4 through S1 laminectomy, spondylolisthesis L4-5 with instability and severe neural foraminal compression right L5-S1. The documentation from October 18, 2011 revealed the same findings. The request was made for a repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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: The California MTUS/ACOEM Guidelines do not address repeat MRIs. The Official Disability Guidelines do recommend repeat MRIs when there is a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had an MRI in 2009 and 2011. The objective physical examinations of 2011, and of 2013, comparatively were the same. There was a lack of documentation of a significant change in symptoms as well as findings suggestive of a significant pathology. Given the above, the request for a repeat MRI of the lumbar spine without contrast is not medically necessary.