

Case Number:	CM13-0065670		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2007
Decision Date:	06/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old with an injury date on 6/11/07. Based on the 7/9/13 progress report provided by [REDACTED] the diagnoses are: 1. L-spine sprain/strain syndrome 2. L-spine radiculopathy An exam on 5/13/13 showed "objective findings of tenderness to palpation in lower L-spine, decreased range of motion of L-spine and positive straight leg raise test bilaterally, left greater than right." The 5/13/13 report showed an MRI from 2007, which indicated grade 1 spondylolisthesis with fixation screws at L4-L5 level, and a subsequent surgery, which was unspecified. No other MRIs were included in provided reports. [REDACTED] is requesting an MRI without contrast for the lumbar spine. The utilization review determination being challenged is dated 11/19/13. [REDACTED] is the requesting provider, and he provided treatment reports from 5/13/13 to 10/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG-TWC, 2013, ONLINE GUIDELINES: LOW BACK CHAPTER: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOWER BACK, PROTOCOLS (http://www.odg.twc.com/odgtwc/low_back_htm#Protocols).

Decision rationale: According to the 5/13/13 report, this patient presents with "persistent pain and discomfort of low back that radiates to buttocks. Prolonged walking and standing worsens pain. Patient avoids strenuous lifting, carrying, pulling, pushing, stooping, and bending." The request is for an MRI without contrast lumbar. On 9/23/13, the patient reports that "during course of activities of daily living, significant amount of pain in L-spine and lower extremities." The review of the reports shows no recent MRIs. On 9/23/13, the treating physician recommended a transforaminal epidural steroid injection and potential discectomy if conservative treatments fail. On 10/21/13, the treating physician requested a "lumbar MRI without contrast since has not had one since 2008." The Official Disability Guidelines require documentation of radiculopathy that is not responding to conservative care, prior surgery or caudal equine for uncomplicated low-back pain. In this case, given the patient's distant history, lumbar surgery and an MRI that dates back to 2007, an updated L-spine MRI appears reasonable. The patient continues to be symptomatic with radiculopathy. Recommendation is for authorization.