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| Case Number: | CM13-0066725 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/31/2007 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Texas, Indiana, Michigan and Nebraska. 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 61-year-old male who reported injury on 12/31/2007. The mechanism of injury was noted to be the patient was moving loft office furniture and was loading a cabinet on a dolly up a ramp. A coworker had pushed the cabinet and it fell backward off the ramp and landed on the small of the patient's back. The patient was noted to undergo fusion surgery on 05/01/2009. The documentation dated 08/08/2013 revealed the patient had continued leg pain on the left side with cramping and swelling and a burning sensation in the right leg. Objectively, it was indicated the patient had difficulty standing from a sitting position and limped favoring the left lower extremity. The patient had a positive sciatic tension test to the left leg. It was indicated the patient had to go see his own vascular surgeon because the patient indicated nothing was getting done and was told that he had a damaged blood vessel behind the knee which needed to be bypassed. The diagnosis was noted to be status post lumbar spine surgery with left leg DVT. Additionally, the PR2 continued to indicate the patient had not had an MRI or electrodiagnostic studies for 3 to 4 years and continued to worsen. The patient was noted to have increased continuing low back pain and radicular symptoms in the legs. The request was made for an 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:

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back, Lumbar and Thoracic 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, MRI

Decision rationale: Official Disability Guidelines indicate that a repeat MRI is reserved for patients with a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation submitted for review failed to indicate myotomal or dermatomal findings to support the necessity for a repeat MRI. There was lack of documentation indicating the patient had a significant change in symptoms. Given the above, the request for an MRI of the lumbar spine is not medically necessary.