

Case Number:	CM13-0071101		
Date Assigned:	01/08/2014	Date of Injury:	03/29/2007
Decision Date:	06/02/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 Neuromuscular and is licensed to practice in Maryland. 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 53 year old male who had a work injury to his low back dated 3/27/07. The diagnoses include status post lumbar spine fusion on 2/17/09 and lumbar spine radiculopathy. There is a request for the medical necessity of a lumbar MRI. There is a 10/1013 primary treating physician report that states that the patient presents today for a follow up visit. He complains of status post lumbar spine fusion with residual pain, 8/10, frequent to constant mild to moderate, with numbness, tingling and radiating pain to the bilateral lower extremities. The patient states symptoms persist but the medications do offer temporary relief of pain and improve ability to have restful sleep. The physical exam reveals well healed surgical incisions, able to perform heel and toe walk; able to squat to 10%. + 2 tenderness at the bilateral PSISs, bilateral paraspinal muscle guarding. Decreased ROM, + bilateral straight leg raise right 20 degrees and on the left 15 degrees with decreased sensation and motor strength. There is a request for a lumbar MRI, CT scan and EMG/NCV.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS guidelines. The MTUS recommends imaging studies should be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal specific nerve compromise or a red flag diagnoses. The patient has had similar long term symptoms since his lumbar surgery. There is no documentation how an MRI would alter his treatment plan. The request for a lumbar MRI is not medically necessary.