

Case Number:	CM14-0002359		
Date Assigned:	01/24/2014	Date of Injury:	07/23/2006
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 49-year-old female who was injured on July 23, 2006. The claimant was diagnosed with persistent left lumbar radiculopathy and request for MRI (magnetic resonance imaging) the lumbar spine was made. Previous interventions have included decompression L4-5 with foraminotomy and lateral recess decompression on August 22, 2011. Conservative measures since the operative interventions have included Tramadol, Vicodin, and anaprox. The progress note from January 6, 2014 indicates the claimant presents with continued low back and left lower extremity pain. The examination of the lumbar spine demonstrates diminished range of motion, lower extremity neurologic evaluation is "essentially unchanged." There is a positive straight leg raise test left, difficulty rising from a seated position, and favors the right lower extremity when ambulating. The most recent MRI is documented as having been obtained on July 30, 2012 which revealed evidence of a left L4 hemi-laminectomy defect with evidence of associate lateral recess stenosis particular on the left with moderate left and mild to moderate right neuroforaminal narrowing at this level. The utilization review in question was rendered on December 24, 2013. The reviewer noncertified the request for an MRI the lumbar spine noting that MRI is recommended imaging study for individuals that presented on operative intervention of the lumbar spine. However, repeat MRI is not routinely recommended unless there is a significant change in symptoms or findings suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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, MRIs (magnetic resonance imaging).

Decision rationale: This topic is not addressed by the MTUS or ACOEM. The Official Disability Guidelines (ODG) indicates that repeat MRI (magnetic resonance imaging) is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Based on the clinical documentation provided, the neurologic exam has remained unchanged and there is an identified defect on the previous MRI from July 2012 that explains the neurologic findings on physical exam. As such, the requested repeat MRI is considered not medically necessary.