

Case Number:	CM14-0003083		
Date Assigned:	01/31/2014	Date of Injury:	01/13/2010
Decision Date:	08/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Medicine 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:

This 40-year-old male sustained a work related injury on 1/13/10 involving the low back. He had a diagnosis of lumbar stenosis, lumbar facet disease, lumbar radiculopathy and a lumbar herniated nucleous pulposis. He underwent a lumbar spinal fusion and a laminectomy/facetectomy of the L5-S1 region in January 2013. He had undergone therapy and used narcotic pain medications for pain relief. A progress note on 12/24/13 indicated the claimant had 7/10 low back pain. His neurological review of symptoms was negative. Physical findings were notable for reduced flexion and extension of the lumbar spine with positive facet loading maneuvers. Neurological findings included mild weakness in the ankles and mild diminished reflexes in the patella. The treating physician recommended stretching exercises, analgesics and a MRI (magnetic resonance imaging) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar, Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: According to the MTUS/ACOEM guidelines, a MRI (magnetic resonance imaging) is recommended as a test of choice for those with prior back surgery and red flag findings but does not meet inclusion criteria for research based medicine. It is recommended when there are findings such as suspected tumor, infection, fracture or recent trauma. It may be useful in isolating diagnoses that do not lend themselves to back surgery. In this case, the claimant's findings are consistent with prior back injury and surgery. There are no new or acute issues and the symptoms have overall remained the same for several months. The request for an MRI is not medically necessary.