

Case Number:	CM14-0003133		
Date Assigned:	01/31/2014	Date of Injury:	10/15/2004
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 35-year-old male who reported an injury on 10/15/04. The mechanism of injury was not provided for review. Current diagnoses include status post L4-5 total disc arthroplasty with minimal anterolisthesis, lumbar facet syndrome, chronic pain syndrome, chronic opiate use, generalized anxiety disorder, and bilateral knee pain. The injured worker was evaluated on 11/22/13. The injured worker reported 5/10 low back pain. Current medications include Oxycontin 80mg and Valium 10mg. Physical examination revealed limited lumbar range of motion, tenderness to palpation, and full strength in bilateral lower extremities with intact sensation. Treatment recommendations included repeat lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE-REPEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12, 303

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303; and the Official Disability Guidelines.

Decision rationale: The California MTUS Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant, the selection of an imaging test to define a potential cause. The Official Disability Guidelines state that indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after one month of conservative therapy, or myelopathy. The injured worker does not meet criteria for a repeat MRI. There is no documentation of a significant neurological deficit. There is also no evidence of a significant change or worsening of the injured worker's symptoms or physical examination findings that would warrant the need for a repeat study. As such, the request is not medically necessary.