

Case Number:	CM14-0102299		
Date Assigned:	07/30/2014	Date of Injury:	06/30/2003
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 48-year-old male who reported an injury on 06/30/2003. The diagnosis included lumbar disc displacement. The injured worker had prior surgical intervention including a lumbar decompression/fusion surgery prior to 2010. The documentation of 05/21/2014 revealed the injured worker had severe low back pain radiating to the left leg. The injured worker had decreased range of motion. The injured worker had a positive left straight leg raise, anterior and posterior, and the x-rays showed a solid lumbar fusion. The diagnosis was status post lumbar decompression and fusion. The treatment plan included a spine surgery re-evaluation and a repeat lumbar MRI. The documentation indicated the injured worker had a prior MRI in 2008. The date of his surgical procedure was not provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines MRI Lumbar Spine Pain (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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines do not recommend a repeat MRI unless there is documentation of a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to provide the injured worker had a significant change in symptoms or findings of a significant pathology. The date of the surgical intervention was not provided to indicate whether the MRI was prior to the surgical intervention. Given the above, the request for MRI of the lumbar spine is not medically necessary.