

Case Number:	CM14-0107770		
Date Assigned:	08/01/2014	Date of Injury:	11/07/2001
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Orthopedic Sports 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 62 year old female who sustained an injury to her low back on 11/07/01 when she fell down some stairs. The injured worker was diagnosed with degenerative disc disease and post-lumbar fusion at L4 through the sacrum with screws and bone graft of the right iliac crest dated 11/30/04. Clinical note dated 06/23/14 reported that the injured worker was symptomatic with lumbar hardware and palpable head screws. Clinical note dated 11/27/13 reported that the injured worker continued to have low back pain. She attempted to wean and break her Hydrocodone pain medications in half, but reported severe pain. Physical examination noted extension increased her pain; significant tenderness in low back; guarding and difficulty with standing/sitting; she was given trigger point injections it was also stated that she had L4 through S1 hardware removal dated 06/20/11 and diagnosis of lumbar facet disease at L3-4. MRI of the lumbar spine dated 06/07/13 revealed post interbody fusion at L4-5 and L5-S1 without malalignment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back chapter.

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.

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. Previous request was denied on the basis that recent clinical functional evaluation of the patient from the requesting provider showed a significant change in the clinical findings was not included in the submitted records. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength or increased reflex/sensory deficits. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the lumbar spine without contrast is not indicated as medically necessary.