

Case Number:	CM14-0011086		
Date Assigned:	02/21/2014	Date of Injury:	10/14/2000
Decision Date:	07/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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:

The patient is a 42-year-old male who has submitted a claim for lumbar/sacral disc degeneration associated with an industrial injury date of October 14, 2000. The patient complains of ongoing back pain radiating to the left leg. The pain was reportedly unresponsive to conservative treatment. The most recent progress report showed a normal physical examination of the bilateral lower extremities. An MRI obtained on June 21, 2012 showed degenerative disc disease (DDD) with facet arthropathy at L3-4 with retrolisthesis; neural foraminal narrowing at L3-4; and canal stenosis at L4-5. L5-S1 fusion with BAK cages was done. A lumbar spine x-ray done on July 17, 2013 revealed a solid L5-S1 fusion. Repeat MRI of the lumbar spine was requested due to progression of symptoms. Treatment to date has included oral analgesics and lumbar spine surgery. Utilization review from January 23, 2014 denied the request for MRI of the lumbar spine because there were no bilateral lower extremity neurological findings; no red flag signs documented; and no treatment plans provided.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: According to the MTUS/ACOEM Practice Guidelines, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination; who do not respond to treatment; and who are in consideration for surgery. In this case, MRI was requested due to progression of symptoms. However, there was no evidence of neurologic deficit or red flag signs in the most recent physical examination. There was also no objective evidence of failure of conservative treatment. There was no compelling rationale that may warrant additional imaging of the lumbar spine at this time. Therefore, the request for MRI lumbar spine is not medically necessary and appropriate.