

Case Number:	CM14-0018621		
Date Assigned:	04/18/2014	Date of Injury:	08/12/2010
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 male patient has a date of injure of 8/12/10 and had undergone a L5-S1 interbody fusion with instrumentation. There is continued pain that the surgeon feels may be related to the retained hardware. An x-ray of the region showed possible diminished mineralization of the fusion and there is concern of an incomplete fusion. As part of the evaluation for possible hardware removal the surgeon requested a CT scan to look more definitively at the boney fusion. He also requested an MRI to look at the adjacent spinal levels to make sure they have not broken down and have likely become pain generators.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR WITH AND WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 ACUTE AND CHRONIC, HARDWARE IMPLANT REMOVAL.

Decision rationale: The prior UR denial is largely due to the fact that a concurrent CT scan was ordered and the reviewer appears to have assumed that the MRI was over lapping and primarily

also to look at the bony component of the fusion. A review of the specific rationale for the MRI reveals that it is requested to look at the adjacent disc levels and see if they are breaking down as a result of the fusion and may be causing the pain vs. the hardware. ACOEM guidelines does not address this issue. ODG guidelines do address this issue and recommend a workup to minimize that chance that there is not another likely cause of pain vs. the hardware. The updated MRI appears reasonable in this regards.