

Case Number:	CM14-0019523		
Date Assigned:	05/09/2014	Date of Injury:	04/09/2013
Decision Date:	11/17/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Interventional Spine 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 58-year-old male with an injury date of 04/09/2013. According to the 11/14/2013 progress report, the patient complains of pain located along the line of the spine from the mid thoracic level down to the lower lumbar level. He has numbness in his 1st through 3rd toes that comes on only at night. The pain has significantly limited the patient's functions. "He is able to do simple things like cooking and driving; however, states that slightly more demanding tasks like cleaning, moving items, lifting, all give him significant pain." He has a positive facet load maneuver and is tender to palpation in his L4-L5 and L5-S1 facet joints. He rates his pain as a 5/10 without medications and a 3/10 with medications. The patient's diagnoses include the following: 1. Probable L4-L5 and L5-S1 disk bulge with bilateral L5 radicular pain. 2. Status post probable L4-L5 or L5-S1 disectomy in 1980. 3. Probable bilateral L4-L5 and L5-S1 facet arthropathy and associated lumbar facetsyndrome. The utilization review determination being challenged is dated 01/03/2014. Treatment reports were provided from 08/02/2013 - 12/13/2013.

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 W/O Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging).

Decision rationale: According to the 11/14/2013 progress report, the patient complains of having lower back pain which he rates as a 5/10 without his medications and a 3/10 with his medications. The request is for an MRI of the lumbar spine without dye. It appears as though the patient has previously had an MRI of the lumbar spine; however, there is no date provided as to when this MRI took place. ACOEM Guidelines do not support MRIs in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "Repeat MRIs are indicated only if there has been progression of neurologic deficit," or if there was a prior lumbar surgery. In this case, the treater is requesting for an updated MRI of the lumbar spine to evaluate probable L4-L5 and/or L5-S1 disk protrusion with associated facet arthropathy and associated radicular pain. However, there are no new injuries, no deterioration neurologically, and the patient has not had recent surgery. Recommendation is for denial.