

Case Number:	CM14-0136005		
Date Assigned:	09/03/2014	Date of Injury:	11/05/2011
Decision Date:	10/21/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 49-year-old male with a 11/5/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/1/14, the patient complained of increased low back pain in the spine and unchanged radicular pain to the right leg. An MRI report dated 10/23/12 revealed postoperative change at L4-L5 and L5-S1 and disc bulges at L2-L3 and L3-L4. Objective findings: positive tenderness to palpation of bilateral paraspinals and spinous process, decreased range of motion lumbar spine, decreased sensation on right foot L4/L5. Diagnostic impression: lumbago. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/13/14 denied the request for MRI of lumbar spine. The documentation submitted for review did not indicate the patient had a significant change in condition. It was noted the patient had previously undergone an MRI which had significant findings and a CT which verified the findings. As such, the medical necessity for a repeat MRI cannot be established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI procedure - 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, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An MRI report dated 10/23/12 revealed postoperative change at L4-L5 and L5-S1 and disc bulges at L2-L3 and L3-L4. However, there are no new red flag findings on physical exam. In addition, other than increased pain, there is no clear description of any significant changes in the patient's condition to warrant repeat imaging. Therefore, the request for MRI procedure - Lumbar Spine is not medically necessary.