

Case Number:	CM14-0152805		
Date Assigned:	09/23/2014	Date of Injury:	06/21/2006
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for lumbar strain associated with an industrial injury date of June 21, 2006. Medical records from 2006 through 2014 were reviewed. There was no progress report in the past 90 days. The latest available progress note was from April 17, 2014. Treatment to date has included bilateral lumbar hemilaminotomies L3-L5 on August 14, 2013. An MRI scan is being requested to evaluate possible issues with the retained hardware. There was no progress note following the patient's surgery. Utilization review from September 10, 2014 denied the request for MRI of the Lumbar Spine because there was no attempt to treat the pain exacerbation conservatively and no prior evaluation with radiographs.

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: 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: As noted on pages 303-304 of the California MTUS ACOEM Guidelines, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, the patient underwent bilateral lumbar hemilaminotomies L3-L5 on August 14, 2013 for lumbar strain. An MRI scan is being requested to evaluate possible issues with the retained hardware. However, there was no progress note following the patient's surgery. The patient's current status is not known. Without this information, the necessity for a repeat MRI, based from the guidelines cited above is difficult to establish. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.