

Case Number:	CM14-0154672		
Date Assigned:	09/29/2014	Date of Injury:	01/20/2009
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 52-year-old male with a date of injury of 01/20/2009. The listed diagnosis per [REDACTED] is lumbar stenosis. According to progress report 06/02/2014, the patient underwent L4 to S1 fusion in 2011 and the fusion was ultimately extended to L3-L4 in 2012. Examination revealed forward flexion at 40 degrees, extension 10 degrees, and rotation 50 degrees bilaterally. Straight leg raise was negative bilaterally. This report discusses an MRI of the lumbar spine, date of imaging is unnoted. MRI revealed "degree of central stenosis at L2-L3." The treater is recommended a CT scan for further investigation. Report 07/28/2014 states that the primary problem is an L2-L3 stenosis and the patient may require extension of fusion. Treater requests evaluation with bone density testing and a new MRI scan. Utilization review denied the request on 08/16/2014. Treatment reports 03/03/2014 through 07/25/2014 were reviewed.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines: Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with L2-L3 stenosis and the treater is considering extension of fusion cephalad of segment. The treater would like further evaluation with a new MRI as "it has been over a year since his last MRI." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the treater is requesting a MRI scan for further investigation prior to surgical planning. Recommendation is for approval.