

Case Number:	CM14-0155063		
Date Assigned:	09/25/2014	Date of Injury:	12/06/1997
Decision Date:	12/15/2014	UR Denial Date:	08/22/2014
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 Family Medicine, and is licensed to practice in Florida. 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 38-year-old male who sustained a work related injury on 12/06/1997. The mechanism of injury is described as lifting boxes while working at a drug store. He underwent an L4-S1 Laminectomy and Disectomy in 1999. He also has a diagnosis of discogenic disease at L5-S1. Due to the patient complaining of more intense left lower extremity pain and low back pain an MRI of the Lumbar spine was requested on 7/21/2014 by the Haider Spine Institute. The requesting physician that he was concerned about recurrent disc herniation, and therefore requested an updated MRI at this July 2014 visit. The next document after this office visit note is the utilization review physician's note, which is stating that the patient did have the MRI performed on 7/21/2014. The utilization review physician documented the results of this MRI: "Prior laminectomy and disectomy at L4-L5 and L5-S1, recurrent disc herniation at L4-L5 on the left, moderate disc dessication at L3-L4, L4-L5, and L5-S1, discogenic disease at L5-S1, and slight to moderate disc bulge at L3-L4." Now, according to the utilization review physician's note, another MRI of the Lumbar spine is being requested for unclear reasons. The utilization review physician did not certify this request as of 8/22/2014. Now, an independent medical review has been requested regarding the medical necessity of this repeat MRI.

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 with 3D rendering and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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 Procedure Summary

Decision rationale: An MRI of the Lumbar spine was completed on 7/21/2014 and now for unclear reasons another MRI is being requested. There is no documentation that has been submitted to support repeating this study only 1 month later. Likewise, this request is considered not medically necessary.