

Case Number:	CM14-0176458		
Date Assigned:	10/29/2014	Date of Injury:	04/06/2011
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Medicine 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 patient with a date of injury of 4/6/11. A utilization review determination dated 10/16/14 recommends non-certification of MRI lumbar spine. MRI from 1/17/14 reportedly revealed a 5 mm left paracentral disc protrusion with an associated focal annular tear seen at the L5-S1 level with mild spinal canal and bilateral foraminal narrowing. 8/22/14 medical report identifies low back and radiating leg pain. Surgery was denied and the provider recommended AP, lateral, flexion, and extension views of the lumbar spine and a new MRI. On exam, there was limited ROM and he returns to the upright position in pain. Flexion/extension x-rays 5/30/14 noted no evidence of acute fracture or vertebral instability and minimal left convexity of the lumbar spine with an apex at L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low Back/MRIs

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 Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat MRI. ODG notes that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Within the documentation available for review, the patient underwent MRI approximately 7 months prior to the request and there is no clear indication of a significant change in symptoms/findings supportive of new or progressive pathology or another clear rationale identifying the medical necessity of repeating the MRI at this point. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.