

Case Number:	CM14-0025748		
Date Assigned:	06/13/2014	Date of Injury:	08/18/1994
Decision Date:	08/07/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Practice 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 66-year-old who sustained a work related back injury on August 18, 1994 . She underwent an L4-L5 fusion due to lumbar disc degeneration. She had then developed post-laminectomy syndrome. A progress note on February 12, 2014 indicated that the claimant had 8/10 pain with worsening while bearing weight on the left foot. Examination findings included pain in the left groin. Motor and sensory exams were unremarkable. Due to the new nature of the pain, the treating physician ordered an updated MRI with contrast of the lumbar spine.

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 and without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS 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 Pain.

Decision rationale: According to the ACOEM guidelines, relying solely on diagnostic imaging for diagnosing the source of low back pain can lead to confusion and lead to identifying a problem that was present before the symptom had begun. An MRI is indicated for ed flag

symptoms such as tumor, infection, fracture or acute neurological findings. According to the ODG guidelines, patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. For unequivocal evidence of radiculopathy, an MRI with and without contrast is best test for prior back surgery. In this case, there are no red flag findings and the neurological findings are equivocal. The request for MRI of the lumbar spine with and without dye is not medically necessary or appropriate.