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| Case Number: | CM14-0026509 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/27/2006 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Pain Management 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 60 year old female with an injury date of 09/27/06. Based on the 10/29/13 progress report provided by [REDACTED], the patient complains of discomfort in her low back, gluteal region, and lower extremity which has increased in intensity. She demonstrates tenderness to palpation of the paralumbar region. Straight-leg raise bilaterally with evidence of altered sensation upon the L3-L4, L4-L5 distribution bilaterally, left greater than right. The patient's diagnoses include the following: 1. Low back pain, gluteal pain, lower extremity radiculopathy attributed to multi-level disc compromise, affecting the patient's clinical symptomatology in the L3-L4, L4-L5 distribution pattern 2. Mechanical low back pain, possibly related to L4-L5, L5-S1 facet joint arthropathy. In October 2012, the patient had a MRI of the lumbar spine which showed protrusion affecting multiple levels with spinal stenosis at L2-3, L3-4, L4-5, and L5-S1. [REDACTED] is requesting for 1 MRI of the lumbar spine without contrast. The utilization review determination being challenged is dated 02/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/27/13- 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Citation: Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols, Magnetic resonance imaging.

Decision rationale: According to the 10/29/13 report by [REDACTED], the patient complains of discomfort in her low back, gluteal region, and lower extremity. The request is for 1 MRI of the lumbar spine without contrast. ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "repeat MRI's are indicated only if there has been progression of neurologic deficit," or for prior lumbar surgery. In this case, the patient already had an MRI from 2012 showing minimal findings. The review of the reports do not reveal why the physician is asking for another MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. Therefore, this service is not medically necessary.