

Case Number:	CM14-0032648		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2000
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 53-year-old male was reportedly injured on June 26, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 4, 2014, indicated that there were ongoing complaints of lower lumbar pain radiating to the right lower extremity. The physical examination demonstrated decreased lumbar spine range of motion with pain. Paraspinal muscle spasms were present. There was a positive right-sided straight leg raise and decreased sensation in the right L5 and S1 dermatomes. There were diagnoses of status post lumbar fusion at L4-L5 and L5-S1, status post removal of lumbar hardware and a lumbar disc herniation at L3-L4. The injured worker was stated to be pending a lumbar spine MRI. A request had been made for a lumbar spine MRI with 3D rendering and interpretation and was not certified in the pre-authorization process on June 26, 2000.

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: The injured employee has had a prior lumbar spine MRI and also status post prior lumbar spine surgery. The medical record did note that the injured employee complained of radicular symptoms, and there were corroborating objective findings found on physical examination. However, there was no justification given for the request for 3D reconstruction views. This request for an MRI of the lumbar spine with 3D rendering and interpretation is not medically necessary.