

Case Number:	CM14-0034873		
Date Assigned:	06/23/2014	Date of Injury:	05/04/2009
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 61 year old male with an injury date of 05/04/09. Based on the 12/10/13 progress report, the patient complains of low back pain. He rates his pain as a 3/10 on average, 10/10 on worse, and 2/10 with medications. His pain is intermittent. The 06/20/12 MRI of the lumbar spine revealed right paracentral disc protrusion at L4/5 narrowing the right foramen. There is degeneration from L4-S1. The patient is diagnosed with lumbar disc degeneration. [REDACTED] is requesting for a MRI of the lumbar spine without contrast. The utilization review determination being challenged is dated 03/07/14. [REDACTED] is the requesting provider and provided one treatment report from 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to the 12/10/13 report, the patient presents with intermittent low back pain. The request is for a 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. The review of the reports do not reveal why the treater is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had recent lumbar surgery. The request is not medically necessary.