

Case Number:	CM14-0037086		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2009
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 58 year old male who sustained an injury to his low back on 09/11/09. The mechanism of injury was not documented. The clinical note dated 03/04/14 reported that the injured worker continued to suffer from radiating neck pain with tingling, numbness and a burning sensation primarily on the left side. Physical examination noted tenderness over the cervical PSM; positive Spurling's sign causing radiating arm pain; strength appears to be 5-/5 on the left compared to the right; decreased sensation distally. The previous MRI of the lumbar spine dated 10/09/09 revealed multi-level degenerative disc disease with disc protrusions and facet hypertrophy, most prominent in L3-4 to L5-S1; L4-5, central disc protrusion containing a central angular fissure remains stable in size; in conjunction with facet hypertrophy and ligamentum flavum, there is stable mild to moderate central canal narrowing with mild bilateral neural foraminal narrowing; remaining degenerative changes in the lumbar spine are stable. The final plan is to proceed with another request for MRI of the cervical spine to rule out any new disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back MRI Imaging.

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: The request for repeat MRI lumbar spine without dye is not medically necessary. The previous request was denied on the basis that progression of the neurological deficit was not documented. There was no report of a new acute injury or exacerbation of previous symptoms since the previous 2009 study. There was no mention that a surgical intervention was anticipated or had been performed. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for repeat MRI lumbar spine without dye is not indicated as medically necessary.