

Case Number:	CM14-0048868		
Date Assigned:	06/25/2014	Date of Injury:	04/06/2011
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
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 Family Medicine 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 medical records corroborate ongoing care for these medical problems. The Primary Treating Physician's Progress Reports (PR-2) are included. They indicate that the patient had cervical spine surgery on 8/1/2013 and complains of post operative neck pain and low back pain. The physical exam indicates that "range of motion of the cervical spine was not tested." Further, "Motor examination of the upper extremities is 5/5." Diagnoses include the following: C6-7 Herniated Nucleus Pulposus with Cervical Radiculopathy and Stenosis; L4-5 Herniated Nucleus Pulposus Rule Out L5 Pars Fracture with Bilateral Lower Extremity Radiculopathy. A CT of the lumbar spine was completed on 4/19/2013. This demonstrated a stable anterior wedge compression deformity of T12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp., 18th edition, 2013 Updates, Low Back Chapter, MRIs (magnetic resonance 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.

Decision rationale: The Official Disability Guidelines, Low Back Chapter, provide guidelines on the use of MRI studies. They indicate that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings. These changes should suggest significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In reviewing the available medical records, there is nothing documented in the history or physical examination findings by the treating physician that support the use of repeat MRI of the Lumbar Spine. Specifically, there is no evidence for a significant change in symptoms and/or findings. This test is therefore not considered as medically necessary.