

Case Number:	CM14-0051107		
Date Assigned:	06/23/2014	Date of Injury:	08/03/1993
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 59-year-old male with an injury date of 08/03/93. Based on the 02/26/14 progress report provided by the provider, the patient complains of low back pain across the lumbar spine. The symptoms are described as numbness, burning, constant, intermittent, and sharp. The pain moderately limits activities. The patient's diagnoses include back pain, lumbar radiculopathy, and lumbar degenerative disc disease. The provider is requesting for a MRI (magnetic resonance imaging) of the lumbar spine with contrast. The utilization review determination being challenged is dated 03/10/14. The provider is the requesting provider and provided three treatment reports from 11/26/13, 02/26/14, and 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8: Summary of recommendations for Evaluating and Managing low back complaints, Chronic Pain Treatment Guidelines History and Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI (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 chapter, MRI.

Decision rationale: According to the 02/26/14 progress report provided by the provider, the patient presents with low back pain across the lumbar spine. The request is for MRI (magnetic resonance imaging) of the lumbar spine with contrast. The patient had an MRI of the lumbar spine in 2012. The 02/26/14 report states that the treating physician's needs "An updated MRI in order to give the patient any good advice for his low back pain." The ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. The Official Disability Guidelines (ODG) states that "repeat MRI's are indicated only if there has been progression of neurologic deficit," or for prior lumbar surgery. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. As such, the recommendation is for denial.