

Case Number:	CM14-0062513		
Date Assigned:	07/11/2014	Date of Injury:	09/25/2007
Decision Date:	09/09/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurological Surgery 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 records presented for review indicate that this 43-year-old male was reportedly injured on September 25, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of low back pain. No physical examination was performed on this date. A previous physical examination dated April 18, 2014, indicates tenderness of the lumbar spine and normal range of motion with spasms. There was a positive bilateral straight leg raise test and tenderness of the sacroiliac (SI) joints. Diagnostic imaging of the lumbar spine revealed mild degenerative disc disease and mild degenerative joint disease. There was a grade 1 retrolisthesis of L3 on L4 with a disc bulge, as well as disc bulging at L4-L5 impinging the left L5 nerve root. Additionally there is also a grade 1 spondylolisthesis of L5 on S1 with a disc bulge with questionable impingement of the L5 nerve roots. Previous treatment includes a lumbar spine fusion from L4-S1. A request had been made for a magnetic resonance imaging (MRI) the lumbar spine with gadolinium and was not certified in the pre-authorization process on April 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the most recent physical examination performed on April 18, 2014, there are no abnormal neurological findings or other red flags that would indicate a need for a magnetic resonance imaging (MRI) of the lumbar spine. Considering this, the request for an MRI of the lumbar spine with gadolinium is not medically necessary.