

Case Number:	CM14-0072051		
Date Assigned:	06/30/2014	Date of Injury:	04/21/2003
Decision Date:	07/30/2014	UR Denial Date:	03/09/2014
Priority:	Standard	Application Received:	04/08/2014

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 & 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 04/21/03. Based on the 02/24/14 progress report provided by [REDACTED], the patient complains of low back pain which he rates as a 9/10. He reports occasional shooting pain going into his legs. He has decreased range of motion of the lumbar spine. The patient's diagnoses include the following: 1. Lumbar facet arthropathy. 2. Degenerative disc disease of the lumbar spine. 3. HNP lumbar spine, with canal stenosis and bilateral neural foraminal stenosis. The 05/11/10 MRI of the lumbar spine (most recent MRI of lumbar spine) revealed the following: 1. Degenerative disc disease with exaggeration of the normal lumbar lordosis, with facet arthropathy with retrolisthesis T11-12, T12-L1, L2-3, L3-4, and Grade 1 anterolisthesis L4-5. Canal stenosis includes L2-3 mild, L3-4 mild to moderate canal stenosis. 3. Neural foraminal narrowing includes L3-4 moderate right, mild left, L4-5 moderate right, mild left neural foraminal narrowing. [REDACTED] is requesting for an MRI of the lumbar spine without contrast. The utilization review determination being challenged is dated 03/09/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/23/13- 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 02/24/14 report by [REDACTED], the patient presents with low back pain. The request is for an MRI of the lumbar spine without contrast. "The patient's diagnostic studies are out of date from an interventional standpoint and the patient is considering interventional treatment. 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 2010. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. Recommendation is for denial.