

Case Number:	CM14-0075531		
Date Assigned:	07/16/2014	Date of Injury:	11/25/2007
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with an 11/25/07 date of injury and status post L4 microdiscectomy in April 2013. At the time (4/25/14) of request for authorization for repeat lumbar spine Magnetic Resonance Imaging (MRI), there is documentation of subjective (constant moderate to severe low back pain with radiation to the bilateral lower extremities with weakness of the left lower calf) and objective (tenderness over the L4-5 and L5-S1 areas with muscle guarding, absent left ankle jerk, and weakness of the left great toe/extensors) findings, imaging findings (MRI of the lumbar spine (10/23/13) report revealed post surgical changes of the lower lumbar spine; 4 mm broad based disc bulge at L4-5 with mild left paracentral enhancing scar tissue and mild bilateral foraminal narrowing; 3 mm broad based disc bulge at L3-4 with mild bilateral foraminal narrowing; and straightening of the lumbar lordosis), current diagnoses (degenerative disc disease L4-5 and L5-S1, status post microdiscectomy L4-5, and failed lumbar laminectomy syndrome), and treatment to date (lumbar microdiscectomy). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Spine Magnetic Resonance Imaging (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 (ODG): Treatment Index, 12th Edition (web), 2014, Low Back- MRI Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease L4-5 and L5-S1, status post microdiscectomy L4-5, and failed lumbar laminectomy syndrome. In addition, there is documentation of a previous lumbar MRI performed on 10/23/13. However, despite documentation of subjective (constant moderate to severe low back pain with radiation to the bilateral lower extremities and weakness of the left lower calf) and objective (tenderness over the L4-5 and L5-S1 areas with muscle guarding, absent left ankle jerk, and weakness of the left great toe/extensors) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for repeat lumbar spine Magnetic Resonance Imaging (MRI) is not medically necessary.