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| Case Number: | CM13-0030132 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 08/29/2011 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This year old male injured worker continues to complain of low back pain stemming from a work related injury reported on 8/29/2011. On 8/30/2013 Utilization Review non-certified, for medical necessity, the request for an MRI of the lumbar spine with and without Gadolinium stating that the medical record does not document radiculopathy with failure to respond to 4 weeks of conservative therapy, progressive neurological deficit, myelopathy, or suspicion of cancer, and that an MRI of the lumbar spine was noted to be done on 4/3/2013. Cited were the MTUS guidelines for chronic pain of the low back complaints, and ACOEM Occupational medicine guidelines for managing low back complaints. The 8/19/2013 Neurosurgery notes do note that the MRI is needed because symptomatology has recurred, the physician's impressions and the treatment plan, but no documentation of diagnosis or failed conservative treatments. Aqua therapy is discussed. The 7/8/2014 Neurosurgery notes show a discussion for post decompressive dysesthesia syndrome requiring ablation of his pain with no benefit from surgery; no mention of failed conservative treatments or other diagnosis are noted. Hospital surgical notes, dated 5/23/2013, show MRI results and describe burning dysesthesia of the left lower extremity, along with stating failed to improve with prolonged conservative measures; however no treatment types were stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with and without gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, MRIs

Decision rationale: The request for a repeat MRI is medically unnecessary. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. The patient had a second lumbar MRI in 4/2013. The patient's chart did not have recent notes to document any red flags that would require a repeat MRI. Therefore, the request for a repeat lumbar MRI is medically unnecessary.