

Case Number:	CM14-0010973		
Date Assigned:	02/21/2014	Date of Injury:	11/09/2010
Decision Date:	01/15/2015	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 48 year old male with a history of chronic neck and low back pain related to a work injury of 11/9/2010. A Lumbar MRI of 7/26/2012 revealed mild degenerative changes at L4-5 and L5-S1 and mild L4-5 spinal canal stenosis. There was no evidence of central or foraminal nerve root compression. The disputed issue pertains to a request for a repeat MRI of the lumbar spine. This was non-certified by utilization review for absence of a significant change in the symptoms or findings on a follow up exam of 1/7/2014. An AME was performed on 1/10/2014 and complaints of low back pain and tingling in both feet were documented but there was no low back exam done. However, the examiner did a detailed examination of the cervical spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303, 304, 307.

Decision rationale: The documentation indicates a history of chronic neck and back pain and paresthesias in the hands and feet. MRI scans of the cervical and lumbar spine were obtained in 2012 and nothing surgical was found in the lower back. There was evidence of mild degenerative changes at L4-5 and L5-S1 and mild spinal stenosis at L4-5. There is no objective finding such as an absent Achilles reflex due to a herniation at L5-S1. The AME did not document radicular pain in the lower extremities. The California MTUS guidelines indicate when neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If the repeat MRI scan is considered as a roadmap for planning a lumbosacral fusion, the guidelines indicate that there is no scientific evidence about the long term effectiveness of any type of fusion for degenerative lumbar spondylosis compared to the natural history, placebo, or conservative treatment. In the absence of a significant change in the objective findings since the previous MRI, a repeat MRI scan for the lumbar spine is not supported and as such, the medical necessity is not established per guidelines.