

Case Number:	CM14-0186173		
Date Assigned:	11/14/2014	Date of Injury:	07/08/2008
Decision Date:	01/02/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 and 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 65 year old with an injury date on 9/25/14. The patient complains of low lumbar pain and bilateral leg pain "especially when sitting too long" per 9/25/14 report. Patient states that symptoms are worsening, with increasing flare-ups of back pain per 9/25/14 report. Based on the 9/25/14 progress report provided by the treating physician, the diagnosis is lumbosacral spondylosis and strain. An exam on 9/25/14 showed "straight leg raise negative, range of motion of L-spine limited with 70 degrees of flexion with the neurological exam intact in lower extremities." The patient's treatment history includes medications. The treating physician is requesting MRI of the lumbar spine without dye. The utilization review determination being challenged is dated 6/10/14. The requesting physician provided treatment reports from 9/25/14 to 10/9/14.

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 dye: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols:

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The physician has asked for an MRI of the lumbar spine without dye on 9/25/14. A prior L-spine MRI on 6/30/11 (original not included in reports) showed "no focal disc protrusion or nerve root compression at any level. The L5-S1 bilateral mild facet arthrosis was noted. Mild annular disc bulges were seen at L3-4 and L4-5 levels" per 9/25/14 report. The ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, there is no documentation of any red flags or deterioration neurologically. An examination was unremarkable for any neurologic changes/findings. There does not appear to be any reason to obtain an updated MRI. The physician does not provide a rationale for a repeat lumbar MRI. The request is not medically necessary.