MAXIMUS Federal Services

Case Number:	CM14-0188528		
Date Assigned:	11/19/2014	Date of Injury:	01/17/2011
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine 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 injured worker (IW) is a 57-year-old man with a date of injury of July 1, 1986. The mechanism of injury was not documented in the medical record. He has been receiving treatment to his back, and right lower extremity. The current working diagnoses include sympathetically maintained pain in the right lower extremity with twitching of the anterior quadriceps muscles, which are described as pressure pain; possible lumbar discopathy; and lumbar facet arthropathy. Past surgical history includes laminectomy of L3, L4 and L5 in 2011, and rectocele of the left testicle in April of 2011. Pursuant to the most recent progress note in the medical record dated October 7, 2014, the IW complains of continued back pain and right lower extremity pain. He has been receiving acupuncture treatment which is helping. He is able to get up in the morning without spasm in his back, but continues to have leg spasms. The provider will request additional acupuncture. The IW is taking Percocet every 8 hours as needed. He has not had a recent MRI for the last 3 years, so the provider states he will need a recent MRI of the lumbar spine. Objective physical findings revealed decreased sensation to pinprick of dermatomes of L4, L5, and S1 on the right lower extremity and dysesthesia to superficial touch over the right lateral portion of his right leg. The provider is requesting an MRI of the lumbar spine because the last one was dome 3 years ago.

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: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. The ODG enumerates specific criteria for magnetic resonance imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (EG, tumor, infection, fracture, neural compression, and recurrent disc herniation). See guidelines for specific details. In this case, a review of the records indicated pursuant to a progress note dated October 7, 2014, the treating physician requested a magnetic resonance imaging scan of the lumbar spine. The injured worker is 57 years old with continued spasm in his back leg spasms. He is taking Percocet and the treating physician is requesting acupuncture. The note indicates "he has not had a recent MRI for the last three years where he will need an MRI of the lumbar spine". The working diagnoses are sympathetically maintained pain of right lower extremity with twitching of the anterior quadriceps muscle; possible lumbar discopathy; lumbar facet arthropathy. The plan is to request the patient get an MRI of the lumbar spine, the last one was done three years ago. There is no clinical indication in the medical record to perform a repeat MRI. Additionally, repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There are no clinical findings reflecting a significant change in symptoms or physical examination. Consequently, MRI of the lumbar spine (repeat) is not medically necessary.