

Case Number:	CM14-0191779		
Date Assigned:	11/25/2014	Date of Injury:	04/11/2006
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 48 year old male with an injury date on 04/11/2006. Based on the 10/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Failed lumbar back surgery syndrome 2. Lumbar radiculopathy 3. Chronic pain syndrome. According to this report, the patient complains of "low back pain radiating to lower extremities L>R." The pain is described as "Sharp, Dull/Aching, Throbbing, Pins & Needles, Stabbing, Numbness, Pressure, Electrical/Shooting, Burning, Stinging, Cramping, Numbness, Weakness, Spasm." The pain is rated as a 7/10 on good day and 10/10 on a bad day. A physical exam of the low back indicates positive Straight leg raise bilaterally, severe tenderness at the lower facet joint and SI J. The range of motion is limited and painful. There is decreased sensation to light touch and pin and needles is noted at the tip toes on both lower extremities. The patient's treatments history consists of epidural steroids, chiropractor, and narcotic pain medication, and physical therapy, tens, acupuncture, and psychiatrist / psychologist visits. There were no other significant findings noted on this report. The utilization review denied the request for update Lumbar MRI with and without contrast on 10/29/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 05/11/2014 to 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter: Magnetic resonance imaging

Decision rationale: A review of the 05/11/2014 to 11/07/2014 reports show no discussion as to why the patient needs an updated MRI of the lumbar spine. A previous MRI report of the Lumbar spine were not included in the file for review, the date of the imaging study is unknown. The treating physician did not provide documentation of neurologic deterioration such as progressive weakness; red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; significant change in examination; new injury to warrant an updated MRI. The ODG guidelines support an updated MRI study with significant change in symptoms and/or findings suggestive of significant pathology; however the treating physician did not document. Therefore, the request is not medically necessary."