

Case Number:	CM14-0121666		
Date Assigned:	08/06/2014	Date of Injury:	04/02/1996
Decision Date:	10/07/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/01/2014

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 & 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 60 years old female with an injury date on 04/02/1996. Based on the 07/11/2014 progress report provided by [REDACTED], the patient complains of back pain and right radicular leg pain that are worsening. Tenderness and spasm are noted over the right paralumbar area. Range of motion of the thoracolumbar spine was severely limited. Straight-leg-raising test and femoral stretch test were both positive on the right. Quadriceps reflexes were 1-2+ and symmetrical. Achilles' reflexes were 0-1+ and symmetrical. The 05/29/2014 report mentions "the patient has been stable for quite some time and recently has deteriorated." The 07/15/2014 supplemental report indicates "the MRI scan, it shows the intense inflammatory changes above the old fusion consistent with inflammatory degeneration and segmental disease." Patient's diagnoses and prior MRI report were not provided in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/10/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine, with and without contrast: Upheld

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

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

Decision rationale: According to the 07/11/2014 report by [REDACTED] this patient presents with back pain and right radicular leg pain that are worsening. The treater is requesting a repeat MRI of the lumbar spine, with and without contrast based upon the patient "progressive radiculopathy and gradual deterioration." The utilization review denial letter states "the patient underwent an MRI of the lumbar spine on 12/05/2012. There is no evidence of a progression of symptoms or physical examination findings that would warrant the need for an additional imaging study at this time." Regarding repeat MRI study, ODG states "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, neurocompression, and recurrent disc herniation)." While the review of the available reports shows that the patient has worsening subjective symptoms, there is no neurologic deterioration such as new weakness; no red flags such as bowel bladder symptoms; no significant change in examination; no new injury to warrant an updated MRI. The request is not medically necessary.