

Case Number:	CM14-0127143		
Date Assigned:	09/23/2014	Date of Injury:	06/25/2012
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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:

This patient is a 58 y/o male who developed increased low back pain with radiculitis and neck pain subsequent to an injury dated 6/25/12. He is s/p remote spinal surgery. His current treatment consists of oral analgesics in the form of Norco prn. Average use of Norco appears to be 2-4 per day. He is also prescribed Norflex on a chronic basis. Updated MRI studies of the cervical, thoracic and lumbar spines is requested due to increased pain complaints. No changes in the lumbar neurological status is reported. A prior request for an MRI was changed to a CT scan performed 8/31/12 as the MRI could not adequately evaluate the lumbar spine to retained hardware. The CT scan showed adjacent level deterioration with retrolisthesis above and below the L4-S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 287. Decision based on Non-MTUS Citation CA ACOEM GUIDELINES 2004 UPDATES ACOEM 2004 OMPG Low Back CH 12. PAGE 287

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, magnetic resonance imaging.

Decision rationale: MTUS Guidelines supports the use of MRI imaging studies if there are neurological changes or if it is needed for surgical planning. ODG specifically addresses the issue of repeat MRI scanning and does not recommend it unless there is a definitive change in neurological status. This patient does not meet Guideline recommendations on 2 accounts. Previously, an MRI study was not recommended due to the prior surgery and a CT scan was performed and there would be no change in these circumstances. In addition, there is no documentation of recent neurological changes or spinal surgical evaluation that requests the updated testing. The request for the lumbar MRI is not medically necessary.