

Case Number:	CM14-0132179		
Date Assigned:	08/22/2014	Date of Injury:	02/11/1993
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 is a 49 year old male who sustained an injury to his low back on 02/11/93 due to a fall at work. The injured worker underwent numerous back surgeries with many years of chronic pain. CT scan of the lumbar spine dated 04/05/12 revealed status post fusions between T12 and S1; partial laminectomy at L5 and pedicle screws at L4, L5, and S1 with cages that had been placed at L4 to L5 and L5 to S1 with complete ossification of the two disc spaces; above the level of L3, there was fusion of posterior elements of vertebral segments as a result of placement of bone grafts; no evidence of central or neural foraminal stenosis. Clinical note dated 07/14/14 reported that the injured worker continued to complain of severe upper back and bilateral lower extremities pain. The injured worker had nineteen spinal surgeries. The injured worker had a trial of intraarticular pain pump implanted which seemed to help quite significantly. The injured worker presented to the clinic for evaluation of possible fusion procedure. Physical examination noted stance with a forward flexed posture and definitely out of balance; flat back; motor examination grossly intact in the bilateral upper extremities. It was noted that appropriate imaging would be needed to assess the full spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE WITH 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) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: Previous request was denied on the basis that the most recent report failed to provide a comprehensive neurological examination that would show evidence of deficits and indications of red flags. There was also no indication that the contemplated pain pump placement had already been authorized to warrant the necessity of the requested imaging studies. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no recent physical examination findings of any decreased motor strength, increased reflex, or sensory deficits. There were no additional significant red flags identified. Previous studies were not provided for review, considering the injured worker underwent nineteen previous spinal surgeries. Given this, the request for MRI of the lumbar spine with contrast is not indicated as medically necessary.