

Case Number:	CM14-0142092		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/10/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 39 year-old male was reportedly injured on May 29, 2010. The most recent progress note, dated January 28, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an alert and oriented male in no apparent distress, with a normal appearing gait. The exam noted restricted lumbar range of motion with tenderness to palpation at the lumbosacral junction, and spasm/guarding in the lower back. Sensory and motor examination of the lower extremities are intact. Diagnostic imaging studies include a lumbar MRI which revealed multilevel disc desiccation and narrowing, as well as a posterior bulge at L4-5. Previous treatment includes laminectomy of L4-L5, medications and physical therapy. A request had been made for an MRI of the lumbar spine without dye and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without dye: Upheld

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

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

Decision rationale: Guidelines in the ACOEM and ODG state that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. Additionally, an MRI is recommended for uncomplicated low back pain, suspicious for cancer, infection, or other "red flags." Clinical diagnoses include chronic low back pain, status post L4-5 decompression surgery, without mention of ongoing radiculopathy or other findings suggestive of significant pathology. Failure of the most recent progress notes to demonstrate these findings, specifically no mention of radiculopathy to the lower extremities, and no prior utilization of plain film radiographs, deem the request for an MRI of the lumbar spine without dye as not medically necessary.