

Case Number:	CM14-0146670		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2006
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 62 year old with an injury date on 7/23/06. The patient complains of low lumbar pain with left lower extremity symptoms rated 6/10, cervical pain with left > right upper extremity symptoms rated 5/10, and left shoulder pain rated 6/10 per 7/21/14 report. Based on the 7/21/14 progress report provided by [REDACTED] the diagnoses are s/p lumbar decompression, left L4-5; rule out lumbar intradiskal component; rule out lumbar radiculopathy; cervical pain with upper extremity symptoms; and left shoulder pain. Exam on 7/21/14 showed "positive straight leg raise left for pain to foot. Lumbar range of motion limited, flexion 60% of normal. Cervical spine range of motion limited." The patient's treatment history includes a lumbar decompression with initial improvement but condition is now worsening per 7/21/14 report. [REDACTED] is requesting MRI for the lumbar spine without dye. The utilization review determination being challenged is dated 8/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/20/13 to 6/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols

Decision rationale: This patient presents with lower back pain, left leg pain, neck pain, and left shoulder pain. The provider has asked for MRI for the lumbar spine without dye on 7/21/14. The provider states that as AME indicates revision for lumbar decompression, an updated MRI is necessary "to determine definitive plan." The prior MRI of lumbar spine from 12/11/10 shows a 2-3mm herniation at L4-5, a 1-2 mm herniation at L5-S1, and a probably left hemilaminectomy of L5-S1. Official Disability Guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." According to a review of the records, it appears this patient's symptoms have not changed significantly since the MRI from 4 years prior. There is no evidence of weakness, paralysis, bowel/bladder function problems, new injury, or change in pain location. The MRI from 2010 is also from following the prior lumbar surgery. The requested MRI of the lumbar spine without dye is not medically necessary. Therefore, this request is not medically necessary.