

Case Number:	CM14-0182790		
Date Assigned:	11/07/2014	Date of Injury:	03/01/2002
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 50 year-old male with the date of injury of 03/01/2002. The patient presents with pain in his lower back, radiating down his right foot. The patient describes his pain as burning, deep, numbness, hooting, stabbing and pinching. The patient rates his pain as being moderate to severe, aggravated by his activities. The CT of lumbar spine on 11/07/2006 reveals 1) extensive partial thickness tear of the annular fibrosis at L2-3 with a small full thickness tear posteriorly 2) Prior L4-5 decompression and fusion without evidence of recurrent stenosis. According to the treating physician's report on 10/13/2014, his diagnosis is low back pain. The utilization review determination being challenged is dated on 10/28/2014. ■■■■■ is the requesting provider, and he provided one treatment report on 10/14/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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) Low Back Chapter, MRIs

Decision rationale: The patient presents with pain and weakness in his lower back and right foot. The patient is s/p lumbar fusion at L4-5. The request is for MRI of the lumbar spine. The MRI of the lumbar spine from 05/04/2006 reveals 1) previous metallic fusion at the L4-5 level 2) multilevel neuroforaminal stenosis, most prominent at the L3 root levels bilaterally 3) some degree of lateral recess stenosis bilaterally 4) some degree of central spinal stenosis, primarily at the L3-4 level and to a lesser extent at the L2-3 level 5) question of mild inflammatory change involving the right S1 nerve root. The electrodiagnostic study on 05/23/2003 reveals right L5 radiculopathy - very mild and chronic in nature, no other neurophysiologic abnormality. [REDACTED] wants to update a MRI because the patient has reported pain in his lower back, radiating to his right foot for 2 months. However, none of the reports provide an evidence of progressive neurologic deficit. ACOEM guidelines state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG does not recommend it unless progression of neurologic deficit is suspected or for post-operative evaluation. In this case, such suspicions are not discussed in any of the reports. The request is not medically necessary.