

Case Number:	CM14-0098902		
Date Assigned:	09/16/2014	Date of Injury:	11/09/2002
Decision Date:	10/07/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic 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 has chronic low back pain. The patient had anterior and posterior spinal fusion in 2009. Patient's date of injury is November 9, 2002. MRI the lumbar spine from 2013 showed postoperative changes from lumbar fusion. There is adjacent level degeneration at L4-5 with degenerative disc condition. There is spinal stenosis with a mass effect on the left L5 nerve root. There is also degenerative disc condition at L3-4 level. Patient underwent epidural steroid injections. Patient continues to have pain. Physical exam shows weakness of knee extension and decreased sensation that does not follow a clear dermatomal distribution. X-rays lumbar spine show well-placed instrumentation and site spondylolisthesis above at L4-5. There is degenerative disc condition. At issue is whether MRI lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imagin(MRI) of the Lumbar, with and without contrast, QTY: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines Silent regarding lumbar MRI.. Decision based on Non-MTUS Citation Official Disability Guidelines ODG): Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back chapter, ODG low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar MRI at this time. Specifically, there is no clear neurologic deficit documented in the dermatomal distribution. There also is no documentation of a recent trial and failure of conservative measures to include physical therapy for low back pain. There is also no documentation of a significant recent change in the patient's physical examination. Patient is early had multiple imaging studies with respect to the lumbar spine. X-rays do not show any evidence of instability. There are no red flag indicators for lumbar MRI such as fracture tumor or instability. Clinical criteria for lumbar MRI not met this time. The request is not medically necessary.