

Case Number:	CM14-0191073		
Date Assigned:	11/24/2014	Date of Injury:	03/15/2006
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Florida. 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 64-year-old-male with a date of injury of 3/15/2006. His diagnoses include post laminectomy syndrome, spinal lumbar degenerative disc disease, chronic low back pain, 9/5/2013 right lower extremity DVT, and major depressive disorder. He underwent a lumbar decompression from L4-S1 with interbody fusion in 2008. The most recent detailed physical exam provided in these records is from 12/9/2013. The results are listed below and are essentially unchanged from a 3/4/2013 progress note's physical exam. Per a June 30th 2013 progress note the patient has just had an MRI of the lumbar spine performed the day before that visit - on June 29th 2013. Therefore, based off the documentation it would appear that the patient's physical exam has not changed since this prior MRI was performed. The physical exam states: range of motion of the lumbar spine was limited due to pain. Paravertebral muscle spasm and tenderness was noted. Straight leg raise testing was positive on both sides while sitting with leg elevation to 60 degrees. Motor strength of extensor hallucis longus was 4/5 on both sides, ankle dorsiflexion was 4/5 on both sides, ankle plantar flexor was 4/5 on both sides, knee extensors and flexors hip flexors was 4/5 on both sides was 4/5 on both sides. On a sensory exam, light touch sensation was decreased over the lateral calf on the right side. Knee jerk was 2/4 bilaterally; ankle jerk was on the left side and 0/4 on the right Achilles. The patient has been on disability since March 2012 per a 10/2013 progress note. A utilization review physician did not certify a request for a Lumbar spine MRI. Therefore, an Independent medical review was requested.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 301-305.

Decision rationale: The California MTUS guidelines do not recommend routine use of MRI to evaluate back pain. There is no documentation that the patient has any "red flag" back pain symptoms (no urinary or fecal incontinence, saddle anesthesia, or fevers.) Documentation shows that his physical exam is essentially unchanged since his prior MRI. There is also no documentation of failed conservative treatment. The medical necessity of this MRI request has not been established by the provided documentation, and therefore this request for a Lumbar spine MRI is not considered medically necessary.