

Case Number:	CM14-0211176		
Date Assigned:	12/24/2014	Date of Injury:	05/27/2009
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 an injury date on 5/27/09. The patient complains of a flare-up of low lumbar pain with shooting pain going to his knee and the back of his leg per 11/18/14 report. The radiating pain goes down his left leg without numbness/tingling per 11/5/14 report. The patient rates his pain as 5/10, while before the exacerbation the pain was rated 2/10 per 11/18/14 report. The patient is able to tolerate the pain without narcotic medications per 11/18/14 report. The patient feels he is tilting to the left side per 11/18/14 report. The patient had another flare-up 3 weeks prior to 11/5/14 report, which has improved with use of Aleve. Based on the 11/18/14 progress report provided by the treating physician, the diagnoses are: 1. acute on chronic low back strain 2. s/p lumbar spine fusion, two levels - L4 and L5A physical exam on 11/18/14 showed " straight leg raise negative bilaterally. L-spine range of motion is limited, with extension at 10 degrees. Neurovascular status intact" The patient's treatment history includes medications, lumbar epidural steroid injection, physical therapy, cryotherapy. The treating physician is requesting MRI of the lumbar spine. The utilization review determination being challenged is dated 12/9/14 and denies request due to lack of documentation patient has failed conservative treatment, and lack of neurological deficits in physical exam. The requesting physician provided treatment reports from 2/4/14 to 11/18/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 chapter, Protocols

Decision rationale: This patient presents with lower back pain, knee pain and is s/p lumbar laminectomy/fusion at L4-5 in 2011. The treater has asked for MRI OF THE LUMBAR SPINE on 11/18/14 "to rule out any new occult pathology." A prior lumbar MRI from 5/27/09 showed "mild diffuse L4-5 disc bulging with a small superimposed central disc protrusion abutting the traversing left S1 nerve root. Multilevel additional minimal diffuse disc bulging."ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the patient is 3 years removed from lumbar fusion surgery, and it has been more than 5 years since his most recent MRI iof the lumbar. As the patient has ongoing back pain with recent exacerbations, the treater is requesting a repeat lumbar MRI to rule out any new occult pathology. There are no exam findings, however, of any neurological deficits, any red flags, or neurological deterioration. ODG requires a progression of neurological deficits for repeat lumbar MRIs. The request IS NOT medically necessary.