

Case Number:	CM14-0140526		
Date Assigned:	09/10/2014	Date of Injury:	08/20/1999
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 injured worker is a 44 year-old male who sustained a work-related injury to his lower back on 09/20/96. He went on to have an anterior posterior L4 to the sacrum fusion. The injured worker had failed back syndrome status post fusion. A computed tomography (CT) scan of the lumbar spine dated 06/16/08 revealed transitional degeneration at L3-L4 with a retrolisthesis seen of L3 and L4 with a 5 mm disc bulge. The posterior fusion appeared to be solid at L4-L5 and L5-S1. On 07/30/14, he complained of back pain with bilateral leg pain. He states that his back pain is increasing despite taking oxycodone and hydrocodone and Soma. He has past surgical history of lumbar surgery, metal implants, plates or screws for fracture, and shoulder surgery. On exam, neurologic status of his lower extremities is intact. Reflexes at the Achilles are diminished, but symmetrical. Patellar reflexes are 2/4 and symmetrical. The diagnosis includes lumbar postlaminectomy syndrome of the lumbar spine. Lumbar spine computed tomography (CT) and magnetic resonance imaging (MRI) were requested to evaluate further progression of transitional stenosis at L3-4. The request for 1 magnetic resonance imaging (MRI) of the lumbar spine between 08/04/14 and 09/18/14 was denied on 08/06/14 in accordance with medical guidelines.

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 Chapter: Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, a magnetic resonance imaging (MRI) of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the Official Disability Guidelines (ODG), a magnetic resonance imaging (MRI) is recommended in uncomplicated low back pain; with radiculopathy after at least 1 month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in cauda equina syndrome or with severe progressive neurological deficits following trauma. Furthermore, repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neuro-compression, recurrent disc herniation). In this case, there are no evidence of any red flag signs, history of recent trauma, cauda equina syndrome or any new neurological deficits. Therefore, the medical necessity of the requested service cannot be established per guidelines.