

Case Number:	CM14-0142068		
Date Assigned:	09/10/2014	Date of Injury:	11/09/2007
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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:

This patient is a 59 y/o male who developed worsening low back problems subsequent to an accident on 11/9/07. His current diagnosis is failed back surgery syndrome and he has persistent neuropathic pain with left greater than right lower extremity radiation. Treatment has consisted of epidural injections, spinal fusion from L3-4 thru L5-S1 and oral analgesics. His medications consist of Methadone 5mg. TID and Celebrex 200mg. q.d. Pain levels are described to be 7/10 VAS. Neurological exam is negative and no signs or symptoms of myelopathy are documented. A repeat MRI with and without contrast is recommended due to increased pain and the last MRI being almost 2 years ago, which showed adjacent segment syndrome with L2-3 degeneration and stenosis. There is no documentation that the patient would be willing to submit to additional procedures and there is no documentation that the change in pain is substantial and sustained.

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 with and without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging

Decision rationale: MTUS Guidelines do not recommend spinal MRI testing without the presence of "red flags", neurological changes, or for planning an invasive procedure. ODG Guidelines specifically state that repeat MRI are not recommended without objective changes or suspect "red flag" conditions. This patient is reported to have increased pain recently, which is not quantified, unknown in duration, and is not associated with neurological changes. The request does not meet Guideline criteria for repeat MRI testing at this time. The request for MRI studies with and without contrast is not medically necessary.