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| Case Number: | CM14-0163138 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 01/31/2007 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Spine Surgery and is licensed to practice in New York. 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 58 year old male with a date of injury of 1/31/2007. It is inferred from the documentation that he underwent a fusion of L4-S1 between March and May of 2007. A CT scan of the lumbar spine from 5-19-2007 revealed evidence of L4-S1 decompression and fusion. The office notes over the last 7 months demonstrate an increasing level of low back pain radiating down the right lower extremity, The physical exam has revealed tenderness to palpation over L4-L5, L5-S1, the mid-spine, and the left paraspinous musculature. There is diminished sensation and allodynia of the bilateral aspects of the posterior lower extremities. Straight leg raise testing has been normal at times and has been positive on the left at times. The injured worker has exhausted his physical therapy and is maintained on opioid and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, or recurrent disc herniation). In this instance, the treating physician is quite clear that the injured worker has had a significant change in symptoms. These symptoms may be suggestive of significant pathology such as nerve compression or disc herniation which may benefit from therapeutic intervention. Therefore, an MRI of the lumbar spine is medically necessary.