

Case Number:	CM13-0000737		
Date Assigned:	05/23/2014	Date of Injury:	05/12/2013
Decision Date:	07/28/2014	UR Denial Date:	06/05/2013
Priority:	Standard	Application Received:	06/17/2013

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:

The claimant injured her low back on 05/12/13. An MRI was requested and is under appeal. She was evaluated on 05/29/14 and was improving slower than expected. Acupuncture was recommended by [REDACTED]. She was diagnosed with lumbar neuritis. An epidural injection was recommended on 01/29/14. She had an MRI on 07/23/13 that showed a prominent protrusion at L4, L5 and a smaller protrusion at L5-S1. There were some degenerative changes. At L4-L5, there was a moderately large left paracentral degeneration impinging the left nerve root. A repeat MRI has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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), Low Back, MRI (repeat).

Decision rationale: The history and documentation do not objectively support the request for a repeat MRI in the absence of clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment. The specific indication for this study

has not been clearly described and none can be ascertained from the records. The MTUS do not address repeat studies specifically but state regarding imaging studies that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The ODG state repeat 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, neurocompression, recurrent disc herniation) none of which appear to be a concern in this case. The medical necessity of this study has not been demonstrated.