

Case Number:	CM13-0011409		
Date Assigned:	05/21/2014	Date of Injury:	08/02/2001
Decision Date:	07/11/2014	UR Denial Date:	07/22/2012
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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 is a patient with a date of injury of August 2, 2001. A utilization review determination dated July 22, 2013 recommends noncertification for an MRI of the lumbar spine without contrast. Noncertification is recommended due to lack of documentation of progressive neurologic deficit since the time of the most recent MRI, as well as no indication as to how the treatment plan will be changed by the currently requested study. A progress report dated July 9, 2013 identifies subjective complaints of right leg, thigh, and below knee pain. Current medications include oxycodone, Tylenol, and OxyContin. Physical examination findings are difficult to interpret that seem to identify tenderness to palpation over the right knee and some findings which are illegible related to the lumbar spine. The treatment plan recommends referral to a low back specialist, home care, physical therapy, and the remainder of the treatment plan is illegible. A progress report dated July 15, 2013 indicates that the patient is very vague about what her symptoms are. Physical examination findings identify light touch intact in the bilateral lower extremities and intact strength in the bilateral lower extremities.

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 WITHOUT CONTRAST QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines indicate 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 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. The ODG indicates that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the injured worker's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.