

Case Number:	CM13-0014192		
Date Assigned:	10/03/2013	Date of Injury:	01/29/2001
Decision Date:	01/17/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease 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:

The patient is a 59-year-old female with a reported date of injury of 01/29/2001. The patient is noted to have complaints of low back pain with numbness and tingling down the bilateral lower extremities. The patient was noted to have normal electrodiagnostic studies of the bilateral lower extremities. The [REDACTED] report indicated the patient had serial MRIs through the years that did not demonstrate any spinal stenosis or recurrent discopathy. The patient was noted to have no physical exam findings of radiculopathy on that exam. The clinical note on 07/22/2013 reported the patient had moderate tenderness to the lumbar paraspinals on palpation with decreased range of motion, positive bilateral straight leg raise, and decreased sensation in the right S1 and L5 dermatomes with moderately antalgic gait. The patient was recommended for MRI of the spine at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI with Gadolinium contrast for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS/ACOEM guidelines state that "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 clinical note on 07/22/2013 performed by [REDACTED] indicated the patient had neurological deficits in the lower extremities. However, the neurological AME completed on 07/15/2013 by [REDACTED] indicated the patient had no evidence of radiculopathy on examination. It is unclear how the patient would have vastly different exam findings within a 1 week time span. Additional weight is given for the [REDACTED] report. Therefore, there is lack of neurological deficits on examination to support the need for an MRI study. Furthermore, the [REDACTED] report indicates the patient has undergone prior MRIs of the lumbar spine. However, no prior studies were submitted for review. There is no documentation of significant change to warrant repeat MRI at this time. As such, the request is non-certified.