

Case Number:	CM13-0014609		
Date Assigned:	10/03/2013	Date of Injury:	12/23/2009
Decision Date:	03/18/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old female with a 12/23/09 date of injury. At the time of request for authorization for MRI lumbar spine, there is documentation of subjective (low back pain that had recently been significantly worsened) and objective (antalgic gait, limited and painful lumbar spine range of motion, decreased sensation over the left L4 and L5 dermatomes, positive left straight leg raise, and tenderness over the left paraspinal L4-L5 and L5-S1) findings, imaging findings (MRI lumbar spine (9/20/12) report revealed L5-S1 circumferential disk bulge and slight central protrusion with mild to moderate bilateral foraminal narrowing, without significant interval change since MRI in 2010; L4-L5 broad central disk protrusion and mild bilateral foraminal narrowing; L3-L4 central and left lateral disc bulge with moderate left foraminal narrowing; and no new disc protrusion, central canal stenosis, or significant foraminal stenosis identified), current diagnoses (low back pain with lumbar radiculopathy, left hip pain with likely left greater trochanteric bursitis, and left knee pain status post surgery), and treatment to date (facet injections and medications). There is documentation of a request for MRI to evaluate worsened pain. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of low back pain with lumbar radiculopathy, left hip pain with likely left greater trochanteric bursitis, and left knee pain status post surgery. However, despite documentation of a request for MRI to evaluate worsened pain, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI without contrast lumbar is not medically necessary.