

Case Number:	CM13-0023123		
Date Assigned:	11/15/2013	Date of Injury:	12/02/1994
Decision Date:	01/03/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The IMR application lists the injury date as 12/12/1994 and shows there is a dispute with the 8/22/13 UR decision regarding a lumbar MRI. The 8/22/13 UR letter is from [REDACTED] and the rationale for denial is that the patient's condition "is extremely chronic and considering the IW has had multiple prior similar MRIs in the past without new hard clinical indications for need for repeat MRI, at this time, according to MTUS(low back) treatment guidelines, the request is not medically necessary". According to the 6/26/13 through 9/4/13 reports from [REDACTED], the patient has 7-8/10 neck, mid and low back pain. The neck pain radiates to BUE, the low back radiates to BLE and the mid back pain is a burning sensation and the patient has depression, anxiety and insomnia. [REDACTED] states the last lumbar MRI was on 6/3/12 and since it is over a year-old, and the patient continues with the same level of pain despite treatment, an updated positional MRI is indicated to determine worsening of/or new pathology and also to determine if he is now a candidate for interventional procedures. RECORDS: 9/4/13 [REDACTED], MD, neck pain 8/10 radiates BUE, with numbness and tingling. Mid back pain 8/10, low back pain 8/10 radiation BLE with numbness and tingling. Pain is the same as last visit. He has depression, and anxiety. Uses Norco, Flexeril, Ambien, and Prilosec and says it gives him 60% pain relief. Exam: 66" tall, 149 lbs., trigger pts in rhomboids and L5 paraspinals. 6/26/13 [REDACTED], neck pain 7/10 back pain 8/10 mid back 8/10, cervical ROM measured BUE paresthesia. Appeals lumbar MRI denial. On 6/26/13 he complained of persistent and intense pain in the low back 8/10 level that radiates BLE with numbness and tingling. Prior lumbar MRI was on 6/3/12. It has been over a year since the last imaging and his failure to respond with exhaustion of adequate treatment measures. The updated MRI is necessary to elucidate worsening and/or new pathology

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The prior MRI report from 6/3/12 was not provided for review. The patient is reported to have whole spine pain with radiation in all extremities, but the physical exam findings only show trigger points and vague "bilateral upper extremity paresthesia" There is no discussion of lumbar radicular symptoms, no discussion of what the 6/3/12 lumbar MRI showed or what the physician feels may have progressed on the prior MRI. There are no clinical exam findings suggestive of lumbar radiculopathy. Routine yearly, MRIs are not in accordance with MTUS/ACOEM or ODG guidelines. It also appears that it was a standing or positional MRI that was requested. ODG guidelines state these are not recommended over conventional MRIs. The patient does not meet MTUS/ACOEM guidelines for a conventional MRI.