

Case Number:	CM13-0025072		
Date Assigned:	11/20/2013	Date of Injury:	08/05/2003
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 56-year-old female who reported an injury on 08/05/2003. The current request under consideration is for magnetic resonance imaging of the lumbar spine between 09/05/2013 and 10/20/2013. The most recent clinical note submitted for review is a request for authorization dated 07/17/2013 which indicated the patient to have a history of injury involving the right shoulder, bilateral wrist, right hip, low back, and bilateral knees. The notes indicate the patient has a weight gain of over 100 pounds, as well as exhibition of elements of depression, sleep disorder, anxiety, constipation, GI irritation, and a great deal of nausea. The notes indicate the patient has undergone injection to the bilateral knees which has been helpful with notes indicating the patient continues to utilize a cane and the patient has access to braces for the bilateral knees, as well as soft and rigid braces for the hands. The notes indicate the patient does use a TENS unit, as well as medications. Objective clinical findings for the patient note tenderness along the knees with no evidence of effusion and some tenderness along the rotator cuff, as well as the wrist with good range of motion, although shoulder motion is noted to be limited. Treatment plan notes detail the recommendation for MRI of the low back and left knee, as well as pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of Lumbar Spine, between 9/5/2013 and 10/20/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination may be sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Also, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology. The documentation submitted for review indicates the patient has complaints regarding the low back. The patient verbalized pain as 8/10 on the VAS and indicates her pain was sharp and stabbing in nature. Physical examination of the patient regards to tenderness to the low back. While guidelines support MRI for patients with unequivocal objective clinical findings identifying specific nerve compromise who have not responded to treatment, there is lack of documentation submitted for review indicating specific nerve compromise. Furthermore, there is lack of documentation supporting the patient has undergone conservative treatment for the lumbar spine prior to the request for imaging. Given the above, the request for magnetic resonance imaging (MRI) of the lumbar spine between 09/05/2013 and 10/20/2013 is not medically necessary and appropriate.