

Case Number:	CM13-0025515		
Date Assigned:	01/24/2014	Date of Injury:	01/13/2010
Decision Date:	04/02/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Illinois. 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 53-year-old female who reported an injury on 01/13/2010. Review of the medical record reveals the patient's diagnoses include cervical spine herniated nucleus pulposus with tear/radiculopathy ICD 9 code 722.0; 723.4, lumbar spine herniated nucleus pulposus ICD 9 code 722.10, status post right wrist carpal tunnel release on 07/04/2013, status post left wrist carpal tunnel release on 01/20/2011, left foot musculoligamentous injury ICD 9 code 845.0, and type 2 diabetes mellitus IDC 9 code 250.0. The most recent clinical documentation dated 12/12/2013 reveals the patient was in chronic phase of her treatment. She had shown some subjective improvement in terms of pain along with objective improvement in terms of tenderness. However, the patient continues to have significant weakness, numbness, and swelling. Objective findings upon examination revealed tenderness to palpation over the spinous processes from L1-5, and bilateral paravertebral muscles. There was no soft tissue swelling noted. There was noted decreased range of motion in all planes secondary to pain. Straight leg raise test was positive bilaterally at 90 degrees, the patient exhibited an antalgic gait, and ambulated with use of a cane for gait assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with and without contrast: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM does not address specific criteria for the use of MRIs; however, it does state that if there is physiologic evidence that indicates tissue insult or nerve impairment, the doctor may discuss the need for imaging testing to define a potential cause with an MRI for neural or soft tissue injury or a CT for bony structures. Per Official Disability Guidelines it is stated that repeat MRIs are not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of a significant pathology such as a tumor, infection, fracture, neural compression, recurrent disc herniation. There is no documentation provided in the medical record of any significant findings upon physical examination, or any change in the patient's subjective complaints. The medical necessity for a repeat MRI of the lumbar spine cannot be determined at this time. Therefore, the request for a repeat MRI of the lumbar spine with and without contrast is non-certified.