

Case Number:	CM13-0027383		
Date Assigned:	11/22/2013	Date of Injury:	01/23/2013
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of January 23, 2013. A utilization review determination dated September 19, 2013 recommends non-certification of repeat MRI lumbar spine. The previous reviewing physician recommended non-certification of repeat MRI lumbar spine due to lack of documentation of a significant change in symptoms and/or findings suggestive of significant pathology. A lumbar spine MRI report dated March 15, 2013 identifies asymmetric transitional vertebral body identified and called L5 for the purpose of the dictation. Mild disk desiccation, left-sided posterolateral osteophytes, with a 2 mm diffuse disk bulge noted at the L4-L5 level. No thecal sac or nerve root compression is identified. The osteophytes result in moderate narrowing of the left L4 neural foramen. A progress report from 11/1/13 identifies subjective complaints of pain to the low back and numbness to the right lower extremity much more frequently. Physical examination findings include he is unable to crouch or squat due to the pain complaint to the low back. Assessment is of lumbar degenerative disease and right piriformis syndrome. Plan includes continue Norco and complete physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

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), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Specifically regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monitor 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, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a lumbar MRI in 2013. The requesting physician identifies the patient's complaints of pain to the low back and numbness to the right lower extremity is occurring much more frequently. However, there is no documentation of any new or altered physical examination findings. In the absence of such documentation, the currently requested repeat Magnetic Resonance Imaging (MRI) lumbar spine is not medically necessary.