

Case Number:	CM13-0027553		
Date Assigned:	01/22/2014	Date of Injury:	04/25/2011
Decision Date:	03/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 51 year old female with a date of injury of 4/25/2011. Medical records indicate that the patient is undergoing treatment for low back pain, cervicothoracic sprain, neuritis, and shoulder upper arm sprain. MRI of the lumbar spine dated 5/16/2011 reports small disc protrusion, peripheral annular fissure, no stenosis, normal facet joints of L5-S1, minimal disc bulge, no stenosis, mild facet arthropathy of L4-5, no disc protrusion/stenosis, normal facet joint to T12-L1. Nerve conduction testing dated 2/18/2013 reveal "abnormal NCV/SSEP of the lower extremities in a pattern consistent with a right tibial motor neuropathy and a slight right superficial peroneal neuropathy". Her treatment has included chiropractic, acupuncture sessions, physical therapy, TENS unit. Objective findings to lumbar spine include decreased sensory examination of right lower extremities, decreased sensation to L4-S1 dermatome, slight decrease in motor strength in right lower extremities (3/6/2013). Similarly on 10/2/2013, lumbar spine findings include "decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity". A utilization review dates 9/5/2013 non-certified repeat MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): s 287-315.

Decision rationale: The Physician Reviewer's decision rationale: MTUS and ACOEM are silent specifically regarding repeating MRIs for lumbar spine. ACOEM does recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)."
"Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies after the first MRI leading towards the request for the second MRI. As such, the request for repeat MRI of lumbar spine is not medical necessary.