

Case Number:	CM13-0030940		
Date Assigned:	02/03/2014	Date of Injury:	09/16/2004
Decision Date:	05/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

According to the records made available for review, patient reported a 9/16/04 date of injury. At the time (8/16/13) of the request for authorization for Magnetic Resonance Imaging (MRI) Lumbar Spine, there is documentation of subjective (low back pain, hip, knee, and lower leg pain with numbness, tingling, and weakness in the lower extremities) and objective (no pertinent findings identified for the low back) findings, current diagnoses (lumbar L4-S1 tears with radiculitis to the left knee), and treatment to date (physical therapy and medications). 12/6/13 medical report identifies that the patient's last MRI was in 2007 and thus a new one is being requested as she is having persistent signs and symptoms as well as limitation in function and activity as a result of these symptoms. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat MRI study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Low Back-Lumbar & Thoracic.

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, Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a 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 (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbar L4-S1 tears with radiculitis to the left knee. In addition, there is documentation of a previous MRI of the Lumbar spine. However, despite documentation of a rationale that the patient's last MRI was in 2007 and that the patient is having persistent signs and symptoms as well as limitation in function and activity as a result of these symptoms, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for Magnetic Resonance Imaging (MRI) Lumbar Spine is not medically necessary.