

Case Number:	CM13-0036206		
Date Assigned:	12/13/2013	Date of Injury:	12/06/2001
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 and 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:

This 53 year-old female sustained an injury on 12/6/01. The request under consideration is for a Lumbar MRI. She is status post percutaneous discectomy at L2-3 on 2/16/05. Conservative care has included extensive medications, physical therapy, acupuncture, massage, lumbar medial branch blocks and subsequent radiofrequency ablations and epidural steroid injections. There is a report dated 9/12/13 titled Permanent & Stationary Report. This report lists multiple diagnostic studies, multiple interventions, pain procedures of lumbar epidural steroid injections, lumbar discography, facet blocks, and bilateral radiofrequency ablation on 10/14/08 and 6/19/09 with 50% improvement in pain and function reported. Medication list included Capsaicin 0.075%, Pantoprazole-protonix, Nabumetone-relafen, Tegaderm, Baclofen, Venlafaxine, Quetiapine Femarate-Seroquel, Clonidine, Fentanyl 25 mcg/hr patch, and Hydrocodone/APAP. Diagnoses include lumbar discopathy with sciatica, degenerative joint disease, disc bulge, neck pain and neuritis lumbosacral not specified. Work status was permanent and stationary with permanent disability. Report of 9/23/13 from [REDACTED] noted continued low back pain radiating to the left lower extremity. An exam of the lumbar spine showed 5/5 motor strength, normal sensation and negative straight leg raises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304.

Decision rationale: The ACOEM Treatment Guidelines for the Lower Back Disorders state that criteria for ordering imaging studies, such as the requested MRI (EG, Proton) spinal canal and contents, lumbar without contrast, include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, a review of the submitted medical reports have not adequately demonstrated the indication for MRI of the lumbar spine. The reports also do not document any specific clinical findings to support this imaging study. Therefore, the requested lumbar MRI is not medically necessary and appropriate.