

Case Number:	CM13-0038463		
Date Assigned:	12/18/2013	Date of Injury:	06/14/2013
Decision Date:	02/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Diagnostic Radiology 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:

The patient is a 56-year-old female with date of injury of 9/12/11. MRI of lumbar spine from 12/30/11 showed no evidence of spinal canal stenosis, L5-S1 mild anterolisthesis with neural foramina narrowing. She presents on 9/10/13 with pain in the low back, left wrist, elbow, neck and shoulders. She had weakness in left hand and is dropping objects. There is decreased ROM of the lumbar spine with tenderness and positive percussion referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Special Studies and Diagnostic Treatment Considerations.

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

Decision rationale: MTUS guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate

when the physician believes it would aid in patient management. Guidelines indicate 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 who would consider surgery an option. In this case, the patient has not met the guideline criteria. The medical records submitted for review do not document emergence of a red flag, such as progressive neurological deficits or objective findings of radiculopathy. Moreover, there is also no documentation of significant change in clinical symptoms since the previous MRI. Thus, a repeat MRI of the lumbar spine is not medically necessary. The request for a repeat MRI of the lumbar spine is not medically necessary and appropriate.