

Case Number:	CM13-0039703		
Date Assigned:	01/31/2014	Date of Injury:	07/07/2009
Decision Date:	04/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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:

The claimant is an injured worker with a date of injury of July 7, 2009. A utilization review determination dated August 26, 2013 recommends non-certification of MRI of the lumbar spine. Non-certification of MRI is due to unclear documentation of what increasing symptomatology the patient is complaining up as well as a lack of clarity regarding what medical decision-making will be based upon the outcome of the study. A progress report dated July 9, 2013 indicates subjective complaints of back and leg pain which is getting worse. Objective examination findings identify a positive straight leg raise (no radicular distribution of pain radiation is documented), weakness of big toe dorsa flexors and big toe plantar flexors bilaterally, hypoesthesia is noted along the L4-L5 and L5-S1 dermatome level distribution, and reflexes are reduced. Diagnoses include lumbar strain with disc lesion with radiculitis, right hip osteoarthritis, and right knee myoligamentous strain with degenerative joint disease. The treatment plan recommends an MRI of the lumbar spine with flexion and extension views. The note indicates that the patient's last MRI was on April 2, 2011. The note states, "I would like to request this new MRI to assess the status of the MRI at this point and because of the patient's increasing symptomatology." The treatment plan also recommends chiropractic care. A progress report dated September 4, 2012 identifies reduced lumbar spine range of motion, positive Lasegue's test, and positive straight leg raise on the left. There is also hypoesthesia noted in the anterior lateral aspect of the foot and ankle at the L3, L4, and L5 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guideline: Minnesota.

Decision rationale: According to the MTUS/ACOEM Guidelines, "Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated because the overall false-positive rate is 30% for imaging studies in patients over age." Furthermore, the 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 monetary 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 2011. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. Additionally, it is unclear what medical decision making will be based upon the outcome of the requested study. The request for a repeat lumbar MRI is not medically necessary and appropriate.