

Case Number:	CM13-0040232		
Date Assigned:	12/20/2013	Date of Injury:	01/20/2011
Decision Date:	12/10/2014	UR Denial Date:	09/20/2013
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 Anesthesiology, 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:

According to the records made available for review, this is a 59-year-old male with a 1/20/11 date of injury. At the time (9/20/13) of the request for authorization for MRI lumbar spine, there is documentation of subjective (low back pain radiating down to the right groin and the right medial area) and objective (mild tenderness over the right side, decreased lumbar spine range of motion, hip flexion with the knee in extension was 4/5 on the right) findings, imaging findings (X-rays revealed mild scoliosis in the lumbar area, concave to the right, L2-3 was diminished in height disc space), current diagnoses (low back pain and right L3-4 radiculopathy), and treatment to date (medication with no relief). There is no documentation of red flag diagnoses; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery.

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): 308-310.

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 (ODG) Low Back Chapter, MRIs (magnetic resonance 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. OGD identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of low back pain and right L3-4 radiculopathy. In addition, given documentation of treatment to date (medication with no relief), there is documentation of conservative therapy. However, despite documentation of subjective (low back pain radiating down to the right groin and the right medial area) and objective (mild tenderness over the right side, decreased lumbar spine range of motion, hip flexion with the knee in extension was 4/5 on the right) findings, there is no documentation of red flag diagnoses and objective findings that identify specific nerve compromise on the neurologic examination. In addition, there is no documentation consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.