

Case Number:	CM13-0044917		
Date Assigned:	12/27/2013	Date of Injury:	08/20/1999
Decision Date:	11/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 72 year old male who had a work injury dated 8/20/99. The diagnoses include lumbar spinal stenosis. Under consideration are requests for an MRI of the lumbar spine. There is a 9/24/13 progress note that states that the patient complains of with low back pain radiating to the right leg and foot. On exam of the lumbar spine there are findings of painful range of motion (0-50 degrees extension-flexion and 5-10 degrees lateral flexion), spasm, atrophy and weakness of the right L5-S1 myotome, and positive straight leg raise test on the right. The treatment plan included Celebrex, Baclofen Hydrocodone, a lumbar MRI; PT and possible lumbar epidural steroid injections and surgery. A 4/23/13 document states under objective findings, "abnormal MRI scan."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS ACOEM guidelines state that 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. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation indicates that the patient had a work injury dating back to 1999. A 4/23/13 document states under objective findings, "abnormal MRI scan." It is unclear when the prior MRI was performed and why a new MRI is needed. The documentation does not indicate red flag findings. Without clarification of this information the request for a lumbar MRI is not medically necessary.