

Case Number:	CM13-0053644		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2009
Decision Date:	03/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 ACOEM Guidelines indicate that a CT (computed tomography) or MRI(magnetic resonance imaging) is appropriate when the patient has cauda equina, tumor, infection, or fracture that is strongly suggested and plain film radiographs are negative and an MRI is the test of choice for patients with prior back surgery. The clinical documentation submitted for review indicated the patient had been treated 1 year prior. There is lack of documentation indicating a necessity for an MRI of the lumbar spine. There is lack of documentation indicating the patient had plain film radiographs that were negative. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for an MRI of the lumbar spine without contrast is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The California MTUS Guidelines indicate that prior to an MRI (magnetic resonance imaging) or CT (computed tomography) the patient should be evaluation for red flag diagnoses. Special studies are recommended to validate a diagnosis of nerve root compromise based on a clear history and physical examination findings or in preparation for an invasive procedure. The clinical documentation submitted for review failed to indicate the patient had red flags and it failed to provide objective findings including myotomal and dermatomal findings of nerve root compromise. Additionally, there was lack of documentation regarding the prior physical examinations as well as the prior studies that were performed. There was a lack of documentation of conservative care. Given the above, the request for MRI of thoracic spine without contrast is not medically necessary.

MRI of the Lumbar Spine without contrast: 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): 308-310.

Decision rationale: The ACOEM Guidelines indicate that a CT (computed tomography) or MRI(magnetic resonance imaging) is appropriate when the patient has cauda equina, tumor, infection, or fracture that is strongly suggested and plain film radiographs are negative and an MRI is the test of choice for patients with prior back surgery. The clinical documentation submitted for review indicated the patient had been treated 1 year prior. There is lack of documentation indicating a necessity for an MRI of the lumbar spine. There is lack of documentation indicating the patient had plain film radiographs that were negative. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for an MRI of the lumbar spine without contrast is not medically necessary