

Case Number:	CM13-0054146		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2003
Decision Date:	03/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

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 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:

This 50 year-old patient sustained an injury on 8/19/03 while employed by [REDACTED]. Request under consideration include MRI of the lumbar spine. Current diagnoses included lumbar disc herniation and bilateral lumbar radiculopathy. Previous treatment included medications, therapy, TENS, and work restrictions. Medications included Celebrex, Prilosec, Flexeril, and Tramadol for pain relief. Brief hand-written report of 10/11/13 from [REDACTED] noted the patient complaining of low back pain radiating to bilateral legs associated with numbness. Minimal documented exam showed "positive" straight leg raise bilaterally, right at 90 degrees and left at 70 degrees. One other clinical finding was illegible. Treatment plan included repeat lumbar MRI, repeat EMG/NCV, and referral for surgical evaluation as well as lumbar Epidural steroid injection. The patient remained off-work. Request for MRI of the lumbar spine was non-certified on 10/23/13 citing guidelines criteria and lack of medical necessity.

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.

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

Decision rationale: The Physician Reviewer's decision rationale: This 50 year-old patient sustained an injury on 8/19/03 while employed by [REDACTED]. Request under consideration include MRI of the lumbar spine. Current diagnoses included lumbar disc herniation and bilateral lumbar radiculopathy. Previous treatment included medications, therapy, TENS, and work restrictions. Medications included Celebrex, Prilosec, Flexeril, and Tramadol for pain relief. Brief hand-written report of 10/11/13 from [REDACTED] noted the patient complaining of low back pain radiating to bilateral legs associated with numbness. Minimal documented exam showed "positive" straight leg raise bilaterally, right at 90 degrees and left at 70 degrees. One other clinical finding was illegible. Treatment plan included repeat lumbar MRI, repeat EMG/NCV, and referral for surgical evaluation as well as lumbar Epidural steroid injection. The patient remained off-work. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this 8/19/03 low back injury have not adequately demonstrated the indication for a repeat MRI of the Lumbar spine nor document any specific clinical findings of neurological deficits or acute red-flag findings to support this imaging study. The patient has undergone previous diagnostic MRI and EMG/NCS; however, no reports have been provided. Submitted reports have not adequately demonstrated or support the request for the MRI of the lumbar spine. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.