

Case Number:	CM13-0057467		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2007
Decision Date:	03/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 is a male patient with the date of injury of June 5, 2007. A utilization review determination dated October 25, 2013 recommends non-certification of 1 x-ray of c-spine and l-spine and non-certification of 1 single positional MRI of the l-spine rule/out HNP (herniated nucleus pulposus). The previous reviewing physician recommended non-certification of 1 x-ray of c-spine and l-spine and non-certification due to lack of documentation of that this was the initial study and any signs or symptoms in which a red flag condition was suspected; and non-certification of 1 single positional MRI of the l-spine rule/out HNP due to lack of documentation of a red flag condition, unequivocal objective findings that identified a specific nerve compromise, and medical necessity for repeating this imaging. A PR-2 Report dated October 14, 2013 identifies Subjective Complaints of neck pain status/post ACDF C4-7 in 2001, LBP 8/10. Objective Findings identify tender, decreased ROM (range of motion) L/S, spasm, decreased sensation L5-S1, decreased ROM Cervical/Spine, and decreased sensation C6-7. Diagnoses identify Lumbar/Spine strain and Cervical/Spine strain. Treatment Plan identifies x-rays cervical/spine, lumbar/spine, MRI lumbar/spine rule/out herniated nucleus pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single positional MRI of the Lumbar Spine to rule-out Herniated Nucleus Pulposus:

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for One (1) single positional MRI of the lumbar spine to rule-out herniated nucleus pulposus, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical information made available for review, there is documentation of findings that identify specific nerve compromise. However, there is no mention that the patient has not responded to treatment. Additionally, there is no mention that surgery is an option for this patient. In the absence of such documentation, the currently requested One (1) single positional MRI of the lumbar spine to rule-out herniated nucleus pulposus is not medically necessary.