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| Case Number: | CM13-0064884 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/28/2000 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 Occupational Medicine, 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 39-year-old with a September 28, 2000 date of injury. At the time of request for authorization for repeat MRI of the lumbar spine without contrast (August 28, 2013), there is documentation of subjective (low back pain and bilateral posterior thigh pain) and objective (unremarkable) findings, imaging findings (MRI Lumbar Spine (October 8, 2012) report revealed mild foraminal narrowing at C6-7 and borderline central stenosis at the C6-7 level), current diagnoses (low back pain, bilateral lower extremity numbness and tingling, lumbar posterior disk bulge, mild L4-5 central canal stenosis and minimal bilateral foraminal narrowing, and mild L5-S1 foraminal narrowing), and treatment to date (lumbar epidural steroid injection, physical therapy, and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPEAT MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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) Minnesota Rules, Parameters for Medical Imaging Section

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. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of low back pain, bilateral lower extremity numbness and tingling, lumbar posterior disk bulge, mild L4-5 central canal stenosis and minimal bilateral foraminal narrowing, and mild L5-S1 foraminal narrowing. In addition, there is documentation of a previous MRI of the lumbar spine. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). The request for a repeat MRI of the lumbar spine without contrast is not medically necessary or appropriate.