

Case Number:	CM13-0067215		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2009
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/17/2013

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 49-year-old female with a 3/29/09 date of injury. At the time of request for authorization for MRI of the lumbar spine, there is documentation of subjective (low back pain radiating to the legs with numbness and tingling) and objective (lumbar paraspinal tenderness and decreased range of motion due to pain) findings, imaging findings (negative x-rays of the lumbar spine), current diagnoses (lumbago, lumbar spine sprain/strain, and lumbar discopathy), and treatment to date (chiropractic care, acupuncture, traction bed, medications, and activity modification). There is no documentation of a condition/diagnosis (with supportive objective findings) for which an MRI is indicated (radiculopathy after at least 1 month conservative therapy).

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs

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

Decision rationale: MTUS reference to ACOEM guidelines support imaging of the lumbar spine, in patients with: Red flag diagnoses where plain film radiographs are negative; Unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar spine sprain/strain, and lumbar discopathy. In addition, there is documentation of subjective findings of radiculopathy (low back pain radiating to the legs with numbness and tingling) and failure of conservative treatment (chiropractic care, acupuncture, traction bed, medications, and activity modification). However, given documentation of objective findings (lumbar paraspinal tenderness and decreased range of motion due to pain), there is no documentation of a condition/diagnosis (with supportive objective findings) for which an MRI is indicated (radiculopathy after at least 1 month conservative therapy). Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.