MAXIMUS Federal Services

Case Number:	CM13-0071534		
Date Assigned:	01/08/2014	Date of Injury:	12/01/1998
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopaedic Surgery 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:

The 44-year-old male service technician sustained an industrial injury on 12/1/98 due to heavy lifting. The 10/13/11 lumbar spine MRI impression documented L3/4 midline disc extrusion with subligamentous caudal migration, 2 mm retrolisthesis of L3 and narrowing of the disc space, L2/3 and L4/5 disc desiccation and bulge, and no foraminal or canal stenosis. The 11/6/13 treating physician report cited subjective complaints of intermittent right sided lumbar pain radiating to the right calf. He denied numbness and tingling or any urinary or bowel dysfunction. Bending over or twisting was bothersome. Medications were limited to an occasional ibuprofen. O objective findings documented left sided lumbar listing, slightly flattened lumbar lordosis, paraspinal pain L3-S1, paraspinal and right sacroiliac joint tenderness, moderate limitation in extension, mild limitation in lateral flexion, positive straight leg raise on the right, no obvious muscle atrophy, slight right extensor hallucis longus weakness, and minimal sensory deficit right L5/S1/S1 dermatome. The diagnosis was lumbar strain with nerve root irritation (L5 and S1). The patient was continuing to work as an air conditioning/heating service technician. He had been able to manage his chronic symptoms but was concerned that he might have some significant disc herniation or disc protrusion causing chronic pain and would like this evaluated. The treatment plan requested lumbar spine MRI, lumbar flexion/extension views, and right lower extremity electrodiagnostic studies. The 12/3/13 utilization review recommended non-certification of the request for lumbar MRI based on an absence of red flag condition and no progression of neurologic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-53.

Decision rationale: This is a request for lumbar spine MRI, without contrast. The ACOEM Low Back Disorder Guidelines state that repeat MRI imaging without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have not been met. There is no current evidence suggestive of a significant clinical deterioration to warrant repeat imaging at this time. The patient presents with intermittent low back and right lower extremity symptoms and no significant impairment in functional work ability. There are no clinical findings suggestive of a red flag condition. Therefore, this request for lumbar spine MRI, without contrast, is not medically necessary.