

Case Number:	CM14-0000845		
Date Assigned:	01/17/2014	Date of Injury:	11/15/2010
Decision Date:	06/06/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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:

This 47 year-old patient sustained a cumulative trauma injury to the left knee, bilateral wrists, lumbar spine, and left great toe on 11/15/10 while employed by [REDACTED]. Diagnoses include cervical, lumbar, elbow, and knee sprain/strain; lumbosacral neuritis or radiculitis; bilateral carpal tunnel syndrome; and post-operative left knee. Report of 10/2/13 noted left knee pain with sensation of giving out. Orthopedist noted MRI (undated) showed meniscal tear and should undergo arthroscopic surgery. An MRI of the lumbar spine dated 8/22/12 showed multi-level minimal disc bulging at L3-S1. An MRI of the thoracic spine was unremarkable. Peer to peer discussion with provider noting being unaware of previous MRI of lumbar spine. The request for repeat MRI of the lumbar spine was non-certified on 12/20/13 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:

REPEAT MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: ACOEM Guidelines states criteria for ordering imaging studies 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, the medical records provided for review have not adequately demonstrated the indication for an MRI of the Lumbar spine nor do they document any failed conservative trial with medications and therapy. The patient has chronic low back pain with diagnosis of lumbar sprain/strain without neurological deficits or clinical exam findings to support for repeating the study. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a repeat MRI of the lumbar spine is not medically necessary and appropriate.