

Case Number:	CM14-0001296		
Date Assigned:	01/22/2014	Date of Injury:	02/06/2013
Decision Date:	04/15/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, 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 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 male with a 2/6/13 date of injury. At the time (12/17/13) of request for authorization for MRI lumbar spine to rule out disc pathology, there is documentation of subjective (low back pain) and objective (lumbar paraspinal tenderness with guarding and decreased lumbar range of motion) findings, imaging findings (MRI of the lumbar spine (2/26/13) report revealed large disc extrusion inferiorly along the L3 vertebral body with mild degree of spinal canal stenosis at L1-L2), current diagnoses (lumbar sprain/strain), and treatment to date (home exercise program, medication, and chiropractic therapy). In addition, 12/17/13 medical report identifies a plan for lumbar MRI to rule out disc pathology. 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:

MRI LUMBAR SPINE TO RULE OUT DISC PATHOLOGY: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Minnesota Rules, Parameters for Medical Imaging

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 a diagnosis of lumbar sprain/strain. In addition, there is documentation of a previous lumbar MRI on 2/26/13. However, despite documentation of subjective (low back pain) and objective (lumbar paraspinal tenderness with guarding and decreased lumbar range of motion) findings, and a plan identifying lumbar MRI to rule out disc pathology; and given documentation of a previous lumbar MRI identifying a large disc extrusion inferiorly along the L3 vertebral body with mild degree of spinal canal stenosis at L1-L2, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine to rule out disc pathology is not medically necessary.