

Case Number:	CM14-0006141		
Date Assigned:	03/03/2014	Date of Injury:	02/27/2006
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/14/2014

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 Texas. 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 injured worker is a 54 year old female who reported an injury of the lower back from lifting cages with mice in them on 02/27/2006. In the clinical note dated 01/14/2014, it was documented that the injured worker was status post L4-S1 fusion in 2011 for degenerative disc disease and chronic pain. The injured worker was noted as still having significant chronic low back pain and cervical lumbar junction pain post-surgical intervention. An MRI of the thoracic and lumbar spine was done in April of 2013. It was documented that the injured worker developed pain in her left buttock and her left upper leg and numbness in her left foot which had lasted for more than 4 months. The recommendation of a new MRI of the lumbar spine to evaluate her spine was requested. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE, WITH AND WITHOUT CONTRAST AND ANESTHESIA:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)
, LOW BACK COMPLAINTS, 303-305

Decision rationale: The request for an MRI lumbar spine, with and without contrast and anesthesia is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In the clinical notes provided for review, the documentation lacked evidence of a neurological examination, failure of conservative therapies, and physiological evidence of nerve dysfunction. Also, an MRI was documented as being done on April of 2013, however, in the clinical notes provided there was a lack of documentation of what the MRI revealed. Therefore, the request for an MRI lumbar spine, with and without contrast and anesthesia is not medically necessary.