

Case Number:	CM14-0107646		
Date Assigned:	08/01/2014	Date of Injury:	07/31/1999
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 43-year-old female with a 7/31/99 date of injury, status post gastric bypass surgery (undated), and status post right knee arthroscopy (undated). At the time (6/5/14) of request for authorization for the Outpatient Lumbar MRI, there is documentation of subjective (worsening back pain that is radiating into right leg and knee pain and instability) and objective (lumbar flexion 30 degrees, extension 10 degrees, right and left straight leg raise both 80 degrees causing right-sided back pain that radiates into right buttock and posterior thigh, deep tendon reflexes +1 at ankles and knee, and toes are down going to plantar reflex bilaterally) findings. The current diagnoses are chronic back pain with sprain/strain injury with lumbar degenerative joint disease per imaging studies, chronic abdominal pain, history of hiatal hernia, right knee pain, and anxiety and depression. The treatment to date includes medications (Butrans patch, Norco, Ativan, Effexor, and Phenergan). Medical report identifies a plan for lumbar spine MRI to evaluate worsening back and right leg symptoms, rule out possible disc herniation. In addition, medical report identifies previous lumbar MRI. 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:

Outpatient Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 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. The Official Disability Guidelines 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 diagnoses of chronic back pain with sprain/strain injury with lumbar degenerative joint disease per imaging studies, chronic abdominal pain, history of hiatal hernia, right knee pain, and anxiety and depression. However, despite documentation of a rationale for lumbar spine MRI to evaluate worsening back and right leg symptoms, rule out possible disc herniation and given no documentation of change in objective findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for an outpatient lumbar MRI is not medically necessary.