

Case Number:	CM14-0010493		
Date Assigned:	02/21/2014	Date of Injury:	07/20/2010
Decision Date:	07/14/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 is a 46-year-old male with a 7/20/10 date of injury. The patient was injured due to cumulative trauma. On 12/12/13, the patient reported lower back pain, which he rates as a 7-8/10 with increased pain with activity. The pain is improved with injections and lying down. There is no loss of bowel or bladder and no significant leg symptoms. The pain limits his activities of daily living. Objective: patient can ambulate without an antalgic gait. He can heel and toe without difficulty. He has tenderness to the lumbar spine and limited ROM. He has a normal motor and sensory exam. He previously had a MRI on 4/12/11 which showed epidural fat lipomatosis at L4-5 and L5-S1 of indeterminate significance with degenerative discopathy at L4-5 with minimal findings at 2-mm bulge with no evidence of nerve root impingement. Diagnostic Impression: Chronic Low Back Pain without radicular symptoms, lumbar deconditioning. Treatment to date: chiropractic care, physical therapy, ESI x 5, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, LUMBAR SPINE, OPEN AIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) - Web edition - Low Back (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Low Back Chapter: MRI, Repeat Imaging.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. ODG indications for repeat imaging include: 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, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. However, there is no description of any significant changes in the patient's current conditions to warrant a new MRI. The provider documents that they would like a new MRI because it was "out-dated". However, guidelines do not support repeat imaging based on the fact that it was outdated. The patient last had a MRI in April of 2011. He is noted to have a normal neurological exam, and a non-antalgic gait. Therefore, the request for MRI, Lumbar Spine, Open Air is not medically necessary.