MAXIMUS Federal Services

Case Number:	CM14-0113600		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2008
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

The patient is a 54 year-old male who was injured at work on 9/1/2008. The injury was primarily to his back. He is requesting review of denial for an MRI of the Lumbar Spine. Medical records corroborate ongoing care for his injuries. The Primary Treating Physician's Progress Reports are included. They indicate that the patient's assessment included an MRI of the Lumbar Spine on 1/7/2014. The findings on the MRI included multiple disc spaces with degenerative changes including disc space narrowing. There was no evidence of disc herniation or stenosis. Chronic diagnoses are as follows: Chronic discogenic lumbosacral spinal pain associate with disc annular disruption syndrome and comorbid facet mediated compromise; Lower extremity neuropathic radiculopathy; Deconditioning; Weight gain; Fatigue, anhedonia and decreased libido; and Chronic pain syndrome. He is currently being treated with opioids and benzodiazepines for his back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 503. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 7/3/14) Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-90, 303.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of imaging studies for patients with low back complaints. These guidelines state the following:"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, computer tomography [CT] for bony structures)."In this case, the patient has had a recent MRI of the lumbar spine with findings that do not support the need for surgical intervention. From the time of this MRI examination, there is no clear evidence in support of "red flags" that suggest the presence of a potentially serious condition (as described in Table 12-1; pages 289-90 of the MTUS/ACOEM Guidelines). For example, there is no evidence in support of a progressive neurologic deficit or cauda equina syndrome. Based on the results of the MRI performed on 1/7/2014 and the lack of documentation that identifies a specific nerve compromise or other red flag signs, the MRI of the Lumbar Spine is not considered as medically necessary.