

Case Number:	CM14-0119858		
Date Assigned:	09/16/2014	Date of Injury:	07/05/2011
Decision Date:	11/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation 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 patient sustained an injury on 7/5/11 while employed by [REDACTED]. Request(s) under consideration include MRI of the lumbar spine with contrast. Diagnoses include lumbar disc degeneration; back pain with radiculopathy s/p lumbar fusion L5-S1 with delayed union on 9/28/12. Report of 7/1/14 from the provider noted the patient with chronic ongoing lower back pain rated at 2-4/10 and had been unchanged for months. Medications list Norco. Exam showed tenderness at midline lumbar incision; spasm at paraspinal L2 to sacrum; limited range flex/ext of 20/10 degrees; decreased sensation of lateral calves and left foot with intact motor strength in lower extremities. Treatment included continued activities as tolerated. The request(s) for MRI of the lumbar spine with contrast was denied on 7/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back (updated 07/03/14)MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate progressive finding changes nor identified specific myotomal/dermatomal neurological deficits. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine with contrast is not medically necessary and appropriate.