

Case Number:	CM14-0127924		
Date Assigned:	08/15/2014	Date of Injury:	03/31/2000
Decision Date:	11/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 51 year-old patient sustained an injury on 3/31/2000 from heavy lifting while employed by [REDACTED]. Request under consideration includes MRI of the lumbar spine. Diagnoses include bilateral lumbar facet pain at L4-S1. Conservative care has included medications, therapy, lumbar medial branch blocks, radiofrequency ablation, and modified activities/rest. Medications list MS Contin and Nexium. Report of 2/10/14 from the provider noted the patient with ongoing chronic low back and bilateral leg pain, buttock, hip, and groin pain. Medications list MS Contin, Oxycontin, Alprazolam, Nexium and Valium. Exam showed visual analog scale (VAS) of 9/10; deep tendon reflexes (DTRs) 1+; negative straight leg raise (SLR), Faber's testing, and intact sensation. Diagnoses include lumbar facet pain involving L4-5 and L5-S1 with some secondary sacroiliitis and piriformis. Treatment included increasing MS Contin. Report of 7/10/14 from the provider noted the patient was status post (s/p) request for authorization (RFA) procedure with 95% reduction in left lower back pain. Exam showed painful range of motion; tenderness to palpation over right lumbar facets. The patient was scheduled for right L4-S1 facet joint procedure. The request for MRI of the lumbar spine was non-certified on 7/24/14 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Low Back Chapter, Magnetic Resonance Imaging

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

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, criteria for ordering imaging studies 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 for this chronic 2000 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. 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 is not medically necessary and appropriate.