

Case Number:	CM14-0132596		
Date Assigned:	09/18/2014	Date of Injury:	11/08/1997
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 74-year-old female with an 11/8/97 date of injury, and status post lumbar decompression and fusion in 2002 with subsequent hardware removal and exploration of fusion with decompression on 5/23/13. At the time (6/13/14) of request for authorization for repeat lumbar MRI w/o contrast, there is documentation of subjective (chronic severe right-sided lumbar radiculopathy) and objective (decreased lumbar range of motion with painful extension and decreased sensation along the right lateral leg and right foot) findings, imaging findings (MRI of the lumbar spine (6/24/13) report revealed interim change of degenerative discogenic changes with endplate edema at L1-2; interval increase in the central and paracentral disc protrusion at L1-2 with mild spinal canal compromise; small disc protrusion at L5-S1 unchanged; right facet arthropathy contacting the right S1 nerve root; disc osteophyte complex in the right neural foramen with compression of the right L5 nerve root again noted; multilevel foraminal stenosis; and changes of surgery with metallic hardware at L2-3, L3-4 and L4-5), current diagnoses (right lumbar radiculopathy, status post L5-S1 microdiscectomy 5/23/13, and status post L2-5 lumbar fusion), and treatment to date (lumbar surgery, medications, and physical therapy). Medical report identifies MRI of the lumbar spine to evaluate for progression of degenerative disc disease, facet arthropathy and S1 nerve compression, and consideration for surgical intervention. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI w/o contrast: 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. ODG 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 right lumbar radiculopathy, status post L5-S1 microdiscectomy 5/23/13, and status post L2-5 lumbar fusion. In addition, there is documentation of a previous lumbar MRI performed on 6/24/13. However, despite documentation of subjective (chronic severe right-sided lumbar radiculopathy) and objective (decreased lumbar range of motion with painful extension and decreased sensation along the right lateral leg and right foot) findings, and a request for MRI of the lumbar spine to evaluate for progression of degenerative disc disease, facet arthropathy and S1 nerve compression, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (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 repeat lumbar MRI w/o contrast is not medically necessary.