

Case Number:	CM14-0134407		
Date Assigned:	08/29/2014	Date of Injury:	10/05/2011
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 43-year-old patient sustained an injury on 10/5/11 while employed by [REDACTED]. Request(s) under consideration include MRI of the Lumbar Spine. The patient has previous history of lumbar fusion in 2007. Report of 6/9/14 from the provider noted the patient with ongoing chronic cervical and lumbar pain. Exam showed tenderness and decreased range of motion. Follow-up on 7/7/14 noted ongoing low back pain radiating down bilateral legs and ankles with associated numbness. It was noted the patient was able to walk, drive, and perform ADLs. Exam showed tenderness at facet joints; decreased lumbar range of motion; normal muscle tone and full strength. Medications list opioid (Duragesic, Opana ER, Fentanyl, Hydrocodone), Trazodone, and Prednisone. There was an MRI of lumbar spine dated 5/29/13 showing multilevel disc bulging at L2-5 with facet hypertrophy; no evidence of central or neural foraminal stenosis. Lumbar x-rays of 8/28/13 showed solid interbody fusion at L5-S1 with normal intervertebral disc at L1-4. The request(s) for MRI of the Lumbar Spine was non-certified on 8/8/14 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. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Low Back Procedure Summary.

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, 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 for this 2011 low back injury have not adequately demonstrated the indication for a repeat MRI of the Lumbar spine nor document any specific clinical findings of neurological deficits or acute red-flag findings to support this imaging study. The patient has undergone recent lumbar MRI in May 2013 without noted canal or neural foraminal stenosis. Submitted reports have not adequately demonstrated or support the request for the MRI of the lumbar spine. 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.