

Case Number:	CM14-0137014		
Date Assigned:	10/06/2014	Date of Injury:	10/22/2013
Decision Date:	11/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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:

This is a 41-year-old female with a 10/22/13 date of injury. She was working as a housekeeper and had a fall while at work. According to a progress report dated 7/9/14, the patient complained of persistent pain in her low back, right hip, tailbone, and legs. The pain radiated into her right lower extremity. She rated her pain at 7/10. An MRI of the lumbar spine performed on 7/2/14 and compared with a prior study on 12/27/13 revealed no change in a large cystic mass in the posterior canal from mid T1 to the L1-2 interspace. Thin septations are stable. The degree of moderate compromise of the lower thoracic canal is most marked at T12 showing no interval change. There is marked effacement of the posterior CSF space around the distal cord with slight anterior cord positioning but no abnormal intrinsic signal in the cord. The AP canal diameter is 9mm. The degree of acquired spinal stenosis as is prominent thinning of the anterior subarachnoid space. If no surgical intervention is planned, recommend continuing short-term follow-up and preferably one examination with intravenous Gadolinium contrast. Objective findings of the thoracic and lumbar paraspinals are tender to palpation, coccyx is exquisitely tender to palpation, spasm and guarding are present, and no sign of lumbar instability, sensation intact throughout bilateral lower extremities without deficit, and strength is maintained in all lower extremity myotomes. Diagnostic impression includes coccydynia, thoracolumbar strain with disc injury, and abnormal thoracolumbar fluid collection within the canal. Treatment to date includes medication management, activity modification, and physical therapy. A UR decision dated 7/31/14, denied the request for MRI Lumbar Spine with Gadolinium. As the mass according to a 7/2/14 study has not changed from the 12/23/13 study and the patient is not demonstrating any signs of spinal cord compression. The medical necessity for an MRI with gadolinium is not demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination; failure to respond to treatment; and consideration for surgery. However, in this case the patient recently had a lumbar MRI on 7/2/14. The 7/2/14 compared with a prior study on 12/27/13 revealed no change in a large cystic mass in the posterior canal from mid T1 to the L1-2 interspace. There have been no interval changes in the previous MRIs and there is no indication on physical exam or subjective complaints, and no red flags, to support the medical necessity for a new MRI. In addition, there is no documentation of focal neurological deficits noted on physical examination. The potential benefit from an additional study is not clear. Therefore, the request for MRI Lumbar Spine with Gadolinium is not medically necessary.