

Case Number:	CM14-0154169		
Date Assigned:	09/23/2014	Date of Injury:	08/20/2012
Decision Date:	12/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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 40-year-old male with a 8/20/12 date of injury. At the time (9/11/14) of the decision for MRI of the lumbar spine, there is documentation of subjective (low back pain) and objective (tenderness over lumbar spine with decreased range of motion, positive facet loading test, and right sided antalgic gait) findings. MRI of the lumbar spine (4/11/13) revealed interval increase in size of the broad central disc protrusion at L4-5; and right foraminal protrusion causing right foraminal narrowing and contact of the exiting right L4 nerve root; report not available for review. The current diagnoses are lumbar radiculopathy, low back pain, and lumbar disc degenerative disease. The treatment to date includes medications, physical therapy, and chiropractic treatment. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated.

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): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation 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. Official Disability Guidelines 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 lumbar radiculopathy, low back pain, and lumbar disc degenerative disease. However, given documentation of imaging findings (reported MRI lumbar spine (4/11/13) identifying interval increase in size of the broad central disc protrusion at L4-5; and right foraminal protrusion causing right foraminal narrowing and contact of the exiting right L4 nerve root), there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (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). In addition, despite documentation of the medical reports' reported imaging findings (MRI of lumbar spine identifying interval increase in size of the broad central disc protrusion at L4-5; and right foraminal protrusion causing right foraminal narrowing and contact of the exiting right L4 nerve root), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.