MAXIMUS Federal Services

Case Number:	CM14-0156275		
Date Assigned:	09/25/2014	Date of Injury:	08/09/2011
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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, 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:

This is a patient with a date of injury of August 9, 2011. A utilization review determination dated September 3, 2014 recommends noncertification for an updated MRI of the lumbar spine. Certification is recommended for EMG/NCV of bilateral lower extremities. A progress report dated August 20, 2014 identifies subjective complaints indicating no new or further injuries since the last evaluation. Current complaints include low back pain that radiates to the right foot/heel. Objective examination findings reveal hamstring tightness bilaterally with decreased sensation to light touch over the right medial leg and dorsal midfoot. The diagnoses include lumbar spine radiculopathy and lumbosacral injury with herniated disc at L5-S1 per MRI on October 20, 2011. The treatment plan recommends an updated MRI of the lumbar spine and EMG/NCV of the bilateral lower extremities. A progress report dated June 19, 2014 indicates that the patient has left S1 sensory root dysfunction per EMG/NCV of October 8, 2013. The treatment plan recommends a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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), Low Back Chapter, MRIs (magnetic resonance imaging) and on the Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines: Minnesota.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary 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, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a lumbar MRI in 2011. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. Additionally, it appears that a bilateral lower extremity EMG/NCV has recently been recommended for certification, and it seems reasonable to await the outcome of this test prior to embarking on any other diagnostic studies. As such, the currently requested repeat lumbar MRI is not medically necessary.