

Case Number:	CM14-0157585		
Date Assigned:	09/30/2014	Date of Injury:	09/01/2011
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 52 year-old patient sustained an injury on 9/1/11 while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine without contrast. Diagnoses included musculoligamentous sprain of the lumbar, thoracic, and cervical spine with upper and lower extremity radiculitis/ disc bulges. Report of 7/8/14 from the provider noted the patient with ongoing chronic severe neck pain rated at 5/10 radiating to shoulders; low back pain rated at 7/10 radiating to left thigh with buttock pain. Exam showed tenderness at left PSIS; slight weakness of EHL and TA on left. Treatment included continuing with exercises and use of inversion table for home use to nerve decompression; electrical stim unit, cervical over the door traction; and restricted activities. Current medications list Mobic and Keratek gel. There was an MRI of the lumbar spine in 2013 noted multilevel disc protrusion at L3-S1. Conservative care has included medications, therapy, cortisone shoulder injection, electrical stim unit, and modified activities/rest. The request(s) for MRI lumbar spine without contrast was denied on 8/26/14 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 lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back; MRI's

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, Criteria for ordering imaging studies 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, none identified here. 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 chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine done in 2013 nor document any specific clinical findings of dermatomal or myotomal neurological deficits, progressive change, or acute red-flag findings to support this imaging study. 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 lumbar spine without contrast is not medically necessary and appropriate.