

Case Number:	CM14-0157856		
Date Assigned:	10/01/2014	Date of Injury:	04/22/2010
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 43 year-old patient sustained an injury on 4/22/10. Request(s) under consideration include 1 MRI Lumbar Spine. The patient continues to treat chronic low back, neck, and bilateral upper extremities pain. The patient is s/p microlumbar decompression on 1/30/14; s/p left carpal tunnel surgery and s/p left shoulder arthroscopy. Report of 8/27/14 from the provider noted the patient with ongoing neck and back pain rated 8/10 with difficulty sleeping; bilateral shoulder pain radiating down arms with burning and numbness of hands. Exam showed well-healed lumbar spine scar; antalgic gait with use of cane; tenderness to palpation at left paraspinal region with spasms, diffuse decreased sensation at right L4, L5, and S1 dermatomes and left C5, C6, and C7 dermatomes; diffuse 4-4+/5 lower extremity muscles and 4-5-/5 in upper extremity muscles. Diagnoses include C5-6, C6-7, l4-5, and L5-S1 disc herniations and facet arthropathy. Treatment included repeating MRI of lumbar spine. The request(s) for 1 MRI Lumbar Spine was non-certified on 9/15/14 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:

1 MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chapter 12- Low Back Complaints, Imaging, Page(s): pages 303-304.

Decision rationale: 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 have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. EMG has no evidence of lumbar radiculopathy and clinical exam showed no progressive finding changes. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 MRI Lumbar Spine is not medically necessary and appropriate.