

Case Number:	CM14-0158064		
Date Assigned:	10/01/2014	Date of Injury:	01/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
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 29 year-old patient sustained an injury on 1/3/13 while employed by [REDACTED]. Request(s) under consideration include Repeat MRI of the lumbar spine. Diagnosis was Lumbago. Medication lists Norco and Butrans for headaches. The patient continues to treat under future medical provision for chronic radicular back pain. MRI of lumbar spine dated 4/12/13 showed multilevel disc bulges, bilateral facet arthropathy at L5-S1. Report of 6/20/14 from the provider noted persistent chronic radicular back pain on opioids. Report of 8/25/14 from the provider noted the patient with back pain flare radiating down leg rated at 8/10. Exam showed limited range at neck and lumbar spine; diffuse decreased sensation on right leg. There was no indication for work status or home exercise program. The request(s) for Repeat MRI of the lumbar spine was denied on 9/10/14 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:

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Imaging Page(s): 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 MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate progressive finding changes nor identified specific myotomal/dermatomal neurological deficits. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Repeat MRI of the lumbar spine is not medically necessary and appropriate.