

Case Number:	CM14-0175110		
Date Assigned:	10/28/2014	Date of Injury:	02/13/2013
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 February 13, 2013. A utilization review determination dated October 9, 2014 recommends non-certification of MRI lumbar repeat #4. Non-certification was recommended due to 3 prior lumbar MRIs with little significant change. A progress report dated April 18, 2014 identifies subjective complaints of upper back pain with numbness, tingling, and weakness in the legs and feet. The patient also has mid and low back pain. He has right ankle pain with redness and chest pain which is present 60% of the day. Physical examination findings reveal restricted range of motion in the thoracic and lumbar spine. Straight leg raising test is reportedly positive at 5. Diagnoses include lumbar intervertebral disc disorder, lumbar radiculopathy, lumbar myofasciitis, right ankle sprain/strain, hypertension, gout, constipation, and obesity. The treatment plan recommends compound medication, x-ray of the thoracic spine, lumbar spine, right angle, and abdomen, MRI of the ankle, psychological assessment, functional capacity evaluation, nerve conduction study testing, pool therapy, acupuncture, chiropractic treatment, cold therapy, lumbar brace, pain management consultation, and request for previous medical records and imaging reports. A progress report dated July 15, 2014 states that the patient has previously undergone MRI studies, nerve conduction velocity testing, and epidural injections. A report dated September 2, 2014 reviews an MRI of the lumbar spine on November 7, 2013 and April 9, 2013 as well as electrodiagnostic studies performed on June 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Repeat #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Lumbar

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 Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines: Minnesota

Decision rationale: Regarding repeat imaging, Official Disability Guidelines: [REDACTED] 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 at least two lumbar MRIs in 2013. 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. In the absence of such documentation, the currently requested repeat lumbar MRI is not medically necessary.