

Case Number:	CM14-0020244		
Date Assigned:	05/05/2014	Date of Injury:	01/25/2008
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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:

According to the records made available for review, this is a 56-year-old female with a 1/25/08 date of injury. At the time (1/30/14) of request for authorization for lumbar MRI, there is documentation of subjective (pain across the low back into the legs anteriorly with numbness and tingling) and objective (tenderness along the lumbar paraspinal muscles bilaterally, lumbar flexion less than 40 degrees and extension less than 20 degrees, lateral tingling 15 degrees bilaterally, negative straight leg raise, and can stand on toes and heels) findings, imaging findings (lumbar spine MRI (6/15/10) revealed bilateral mild neural foraminal stenosis at L2-3 and L3-4 levels due to small disc bulge without neural impingement; L4-5 moderate central canal and bilateral neural foraminal stenosis due to disc bulge and posterior element hypertrophy; L5-S1 moderate disc bulge with right foraminal annular fissure and 4 mm inferior extrusion abutting traversing S1 nerve roots causing mild central and left neural foraminal stenosis and moderate right neural foraminal stenosis), current diagnoses (discogenic lumbar condition with radicular component down the lower extremities), and treatment to date (medications). There is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a 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 (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings), as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnosis of discogenic lumbar condition with radicular component down the lower extremities. However, despite documentation of subjective findings (pain across the low back into the legs anteriorly with numbness and tingling), there is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a 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 (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for lumbar MRI is not medically necessary.