

Case Number:	CM14-0029968		
Date Assigned:	06/20/2014	Date of Injury:	06/13/2001
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 63 year-old patient sustained an injury on 6/13/01 while employed by [REDACTED]. Request under consideration include One MRI of the Lumbar Spine. There is surgical history of Partial laminectomy/discectomy at L4-5 on 9/21/2001. Report of 12/12/13 from the provider noted the patient with chronic low back pain with radicular symptoms. Exam of the lumbar spine showed spasm, painful limited range of motion; positive Lasegue's on right with 45 degrees SLR; motor strength and sensations were intact bilaterally; and pain at right S1 distribution. Treatment request was for MRI of lumbar spine for worsened radicular symptoms with bowel and bladder issues. The patient then underwent a subsequent lumbar spine MRI dated 12/26/13 showing laminectomy defects at L4-5, post-operative seroma versus small pseudo-meningocele at laminectomy site; multi-level disc protrusions at T12-L1, L2-3, L3-4, and L4-5 abutting theca sac with some neural foraminal narrowing; and perineural cyst at S2. The request for repeating another MRI of Lumbar spine was non-certified on 2/11/14 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:

One MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: This 63 year-old patient sustained an injury on 6/13/01 while employed by [REDACTED]. Request under consideration include One MRI of the Lumbar Spine. There is surgical history of Partial laminectomy/discectomy at L4-5 on 9/21/2001. Report of 12/12/13 from the provider noted the patient with chronic low back pain with radicular symptoms. Exam of the lumbar spine showed spasm, painful limited range of motion; positive Lasegue's on right with 45 degrees SLR; motor strength and sensations were intact bilaterally; and pain at right S1 distribution. Treatment request was for MRI of lumbar spine for worsened radicular symptoms with bowel and bladder issues. The patient then underwent a subsequent lumbar spine MRI dated 12/26/13 showing laminectomy defects at L4-5, post-operative seroma versus small pseudo-meningocele at laminectomy site; multi-level disc protrusions at T12-L1, L2-3, L3-4, and L4-5 abutting theca sac with some neural foraminal narrowing; and perineural cyst at S2. There was no subsequent change in symptoms, red-flag findings with intact neurological motor and sensory exam to support repeating yet another MRI. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states 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. 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 from one recently done on 12/26/13 nor document any new specific clinical findings to support this imaging study as the patient has unchanged neurological exam without acute deficits. There is no acute flare-up or injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The One MRI of the lumbar spine is not medically necessary and appropriate.