MAXIMUS Federal Services

Case Number:	CM14-0031310		
Date Assigned:	03/19/2014	Date of Injury:	08/03/2009
Decision Date:	04/22/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 60 year old female patient who was injured when she was cleaning up underneath something. She had a previous lumbar MRI on 6/14/11 that showed a severely degenerated and collapsed disc at L5-S1 that is almost bone on bone with Mobic changes and bilateral foraminal stenosis, L4-5 facet hypertrophy and early lateral recess stenosis. An electrodiagnostic study performed on 12/28/09 demonstrated no evidence of lumbar radiculopathy. The 11/13/13 progress note states that the patient has constant and severe pain located in bilateral legs, knee, and feet. Objectivley, there is tenderness in the right leg. Treatments have included activity modification, medications, therapy, and injections (intramuscular Toradol). The 10/15/13 progress note stated that the patient complains of constant, severe pain in the right leg and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Repeat Imaging

Decision rationale: The California MTUS guidelines support imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The Official Disability Guidelines indications for repeat imaging include: 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, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. In this case, the records indicate that the patient previously had a lumbar MRI in 2011. However, there is no clear indication from the review of records that the patient has had progression of symptoms, development of new neurological complaints, or emergence of any red flag symptoms to necessitate a repeat imaging study at this time. The patient's current complaints are consistent with imaging findings described on the 6/14/11 lumbar MRI. Therefore, the requested MRI is not medically necessary or appropriate at this time.