MAXIMUS Federal Services

Case Number:	CM14-0031438		
Date Assigned:	04/09/2014	Date of Injury:	01/04/1993
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
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 Physical Medicine and Rehabiltation 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:

The patient is a 61 year-old female who sustained an injury on 1/4/93 while employed by [redacted]. Request under consideration include lumbar spine MRI. Report of 11/8/13 from the provider noted patient with chronic low back and neck pain rated at 6/10; taking Naprosyn and Tylenol. The patient is s/p left RFA on 5/23/08 and right RFA of the L2, L3, and L4 medial branches on 8/28/08. Exam of the cervical spine noted tenderness in the upper back with normal range of motion (also in shoulders) with normal strength, bulk, and DTRs along with normal sensation. The patient had cervical epidural steroid injection on 1/16/09. Exam of the lumbar spine noted tenderness throughout the lumbosacral region on palpation; straight leg raise showing good flexibility; normal gait; DTRs 2+ symmetrial. X-rays showed multilevel degenerative disc disease, facet changes with mild anterolisthesis of L4 and L5. Request for the Lumbar spine MRI was non-certified on 1/2/14 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:

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: According to the MTUS/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. Review of the submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam without deficits throughout bilateral lower extremities nor is there any acute changes or new injury to indicate for repeat study. Therefore, the request for a lumbar spine MRI is not medically necessary and appropriate.