

Case Number:	CM14-0039282		
Date Assigned:	06/27/2014	Date of Injury:	10/26/1997
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, 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:

The injured worker is a 59 year old female with a date of injury of 10/26/97. Mechanism of injury is not indicated. Clinical note dated 07/30/12 notes the injured worker complains of neck pain radiating into the left upper extremity and low back pain radiating into the left lower extremity. There is mild tenderness about the lumbar spine, straight leg raise is negative on the right and positive on the left and no gross neurologic deficit is noted. Clinical note dated 01/30/14 indicates the injured worker complains of low back pain radiating into the left lower extremity with numbness and tingling. Examination of the lumbar spine reveals mild tenderness with mild spasm, limited range of motion and positive straight leg raise on the left. An MRI of the lumbar spine is recommended at this visit stating that the injured worker has persistent and increasing lumbar complaints. Utilization Review dated 03/28/14 includes an adverse determination for the requested repeat MRI. This is an appeal request for the repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of 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 (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI).

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

Decision rationale: ACOEM states sufficient evidence to warrant imaging includes unequivocal objective findings that identify specific nerve compromise. It further states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The submitted documentation did not include physical examination findings that identify specific nerve compromise. Special testing such as sensory examination, deep tendon reflex testing or facet loading was either not performed or not indicative of significant pathology. It is noted that the range of motion of the lumbar spine is limited but the objective extent of the limitations are not noted. ODG addresses repeat MRIs and states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The initial MRI is not referenced in the submitted documentation nor is it included for review. The status of the injured worker at the time of the initial MRI is not revealed. It cannot be established that the injured worker is now experiencing a significant change in symptoms. The limited findings submitted for review do not indicate significant pathology as it is defined by ODG. Based on the clinical information submitted for review, medical necessity of a repeat MRI of the lumbar spine is not established.