

Case Number:	CM14-0049711		
Date Assigned:	07/07/2014	Date of Injury:	11/09/2009
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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 29-year-old male with an 11/9/09 date of injury. At the time (4/3/14 and 2/26/14) of request for authorization for MRI Lumbar without contrast, there is documentation of subjective (increased level of low back pain radiating to the right groin, right thigh, right leg and right foot with difficulty performing activities of daily living) and objective (spasms noted in the lumbar paraspinal muscle and stiffness noted in the lumbar spine, tenderness to palpation over the lumbar facet joints bilaterally, and dysesthesia in the right L5-S1 dermatome) findings, imaging findings (MRI of the lumbar spine (12/30/09) report revealed mild facet degeneration at lower lumbar levels; no significant disc bulge, herniation, segmental stenosis, and foraminal encroachment is observed), current diagnoses (chronic low back pain, lumbar facet arthritis, right sacroiliitis, possibility of lumbar radiculopathy, and myofascial pain), and treatment to date (medications (methadone and gabapentin), H-wave unit, and physical therapy). In addition a medical report identifies a request for MRI of the lumbar spine to rule out underlying gross abnormality in view of worsening low back pain with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar w/o Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to 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 diagnoses of chronic low back pain, lumbar facet arthritis, right sacroiliitis, possibility of lumbar radiculopathy, and myofascial pain. In addition, there is documentation of a prior lumbar MRI performed on 12/30/09. Furthermore, given documentation of subjective (increased level of low back pain radiating to the right groin, right thigh, right leg and right foot with difficulty performing activities of daily living) and objective (spasms noted in the lumbar paraspinal muscle and stiffness noted in the lumbar spine, tenderness to palpation over the lumbar facet joints bilaterally, and dysesthesia in the right L5-S1 dermatome) findings, and a plan identifying a request for MRI of the lumbar spine to rule out underlying gross abnormality in view of worsening low back pain with radiculopathy, there is documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (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 MRI Lumbar w/o Contrast is medically necessary.