

Case Number:	CM14-0050760		
Date Assigned:	07/07/2014	Date of Injury:	12/10/1993
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/18/2014

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 Management 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 male with a 12/20/93 date of injury, and status post microdiscectomy at L4-5 on the left and bilaterally at L5-S1 in 2012. At the time (4/15/14) of the Decision for 1 MRI of the lumbar spine without contrast as outpatient-non-certified, there is documentation of subjective (unable to sleep due to back and right sided pain which are constant and made worse by prolonged walking) and objective (antalgic gait on right, normal motor strength, reflexes symmetrical, and straight leg raising negative) findings, imaging findings (lumbar spine x-ray (undated) report revealed degenerative changes to lower lumbar spine with no instability on flexion and extension views), current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc), and treatment to date (surgery and medications (including aspirin, Naprosyn, meloxicam, and Nexium)). There is no 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, or consideration for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE WITHOUT CONTRAST AS OUTPATIENT-NON-CERTIFIED: Upheld

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; TABLE 12-8.

Decision rationale: The 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. Within the medical information available for review, there is documentation of a diagnosis of degeneration of lumbar or lumbosacral intervertebral disc. However, there is no 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, or consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for 1 MRI of the lumbar spine without contrast as outpatient-non-certified is not medically necessary.