

Case Number:	CM14-0066805		
Date Assigned:	06/27/2014	Date of Injury:	08/19/2013
Decision Date:	08/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency Medicine and is licensed to practice in New York. 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 26-year-old female who was injured on August 9, 2013. The patient continued to experience headache, pain in neck, and pain in lower back radiating to left leg. Physical examination was notable for tenderness to the lumbar spine, lumbar paravertebral muscles, and bilateral sacroiliac joints and painful left straight leg raise. MRI of the lumbar spine, dated November 14, 2013 was reported as unremarkable MRI of the lumbar spine. Diagnoses included cervical musculoligamentous injury, lumbar musculoligamentous injury, cervical muscle spasm, lumbar muscle spasm, cervical disc protrusion, and lumbar disc protrusion. Treatment included acupuncture, physical therapy, and medications. Request for authorization for repeat MRI of the lumbosacral spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic MRI's.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case the patient had MRI done in November 2013, which was unremarkable. There is no documentation of objective evidence of new neurological deficit and there are new significant changes in symptoms. Medical necessity has not been established. Therefore, the request is not medically necessary.