

Case Number:	CM14-0068654		
Date Assigned:	07/14/2014	Date of Injury:	03/01/2012
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 29-year-old male with a 03/01/2012 date of injury. At the time of the decision (05/02/2014) for MRI lumbar spine without dye, there is documentation of subjective (ongoing low back pain radiating down the left leg with numbness and tingling) and objective (decreased lumbar range of motion with pain, moderate taut and tender fibers of the lumbar paraspinals, and positive straight leg raise test) findings, imaging findings (MRI of the lumbar spine (06/14/2012) report revealed no finding to suggest an acute or subacute abnormality, mild disc desiccation at the L4-5 and L5-S1 levels, 1-2 mm of annular disc bulging and mild facet arthropathy without canal or lateral recess stenosis and only mild left foraminal narrowing at L4-5 and L5-S1 levels, and remainder of the levels are within normal limits), current diagnoses (lumbar spine pain and bilateral sacroiliac joint pain), and treatment to date (physical therapy, medication, and activity modification). There is no 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).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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).

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. The 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 lumbar spine pain and bilateral sacroiliac joint pain. In addition, there is documentation of a prior lumbar MRI performed on 06/14/2012. However, despite documentation of subjective (ongoing low back pain radiating down the left leg with numbness and tingling) and objective (decreased lumbar range of motion with pain, moderate taut and tender fibers of the lumbar paraspinals, and positive straight leg raise test) findings, there is no 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 spine without dye is not medically necessary.