

Case Number:	CM14-0075417		
Date Assigned:	07/16/2014	Date of Injury:	06/08/2009
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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, the injured worker is a 46-year-old male with a 6/8/09 date of injury. At the time 4/23/14 of request for authorization for MRI of the Lumbar Spine (1.5 Tesla Unit), there is documentation of subjective (continuous low back pain associated with right lower extremity pain) and objective (antalgic gait, lower extremities motor strength of 5/5, and sensation is intact to light touch in all major dermatomal groups) findings, imaging findings (reported lumbar spine MRI (3/6/13) revealed degenerative disc disease from L3-4 through L5-S1 with no more than mild spinal and foraminal stenosis, right lateral L3-4 annular fissure extending into the right foraminal region and a potential source of right L3 nerve root irritation, and L3-4 through L5-S1 facet degenerative disease; report not available for review), current diagnoses (lumbar pain, lumbar degenerative disc disease, lumbar radiculopathy, and right L4-L5 foraminal stenosis), and treatment to date (medications, epidural steroid injections, and physical therapy). There is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine (1.5 Tesla Unit): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment

for Workers' Compensation, Online Edition - Chapter: Low Back - Lumbar & Thoracic; MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

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. 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 pain, lumbar degenerative disc disease, lumbar radiculopathy, and right L4-L5 foraminal stenosis. In addition, there is documentation of a 3/6/13 MRI of lumbar spine. However, despite documentation of subjective (continuous low back pain associated with right lower extremity pain) and objective (antalgic gait, lower extremities motor strength of 5/5, and sensation is intact to light touch in all major dermatomal groups) findings, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (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, to follow up a surgical procedure, 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 of the Lumbar Spine (1.5 Tesla Unit) is not medically necessary.