MAXIMUS Federal Services

Case Number:	CM14-0090732		
Date Assigned:	07/23/2014	Date of Injury:	10/25/1995
Decision Date:	10/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This 68 year-old patient sustained an injury on 10/25/1995 while employed by [redacted]. Request(s) under consideration include MRI Lumbar spine with and without contrast. Diagnoses include lumbago. Report of 1/27/14 from the provider noted the patient with persistent chronic low back pain and bilateral hip pain with numbness and tingling into her left foot. The patient takes Vicodin and Flexeril daily. Exam showed lumbar spine with point tenderness along with greater trochanteric bursa; motor strength of 5/5 with symmetrical trace/absent reflexes of the lower extremities; lumbar range of flex to mid-tibia and ext of 20, lateral bending of 30 degrees. Diagnoses included lumbar spinal stenosis L3-4, DDD, s/p L4-S1 fusion on 2/21/1996. Treatment plan for trochanteric bursa injections. Report of 5/19/14 from the provider noted the patient with persistent low back and hip pain with numbness and tingling. Exam showed unchanged lumbar range at in January with 5/5 motor strength, unchanged DTRs, and decreased sensation over left lateral thigh and calf; able to walk on toes and heels without difficulty. Regular exercise was encouraged. The request(s) for MRI Lumbar spine with and without contrast was non-certified on 5/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Imaging Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar spine with and without contrast is not medically necessary and appropriate.