

Case Number:	CM14-0092863		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2011
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 43-year-old male who was injured on August 31, 2011. The patient continued to experience lower back pain. The patient was complaining of increased numbness in the right lower extremity. There were no signs or symptoms of cauda equina syndrome. Physical examination was notable for normal gait, positive straight leg raise test, normal motor strength of the lower extremities, and decreased sensation to right L5/S1 to pinwheel. Diagnoses included degenerative disc disease, L5-S1 disc protrusion, and right lower extremity radiculopathy, unchanged from January 2014. Treatment included acupuncture, medication, chiropractic therapy, epidural steroid injections, and home exercise program. Request for authorization for lumbar MRI was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's.

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. 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, and recurrent disc herniation). In this case the patient had a prior MRI on April 19, 2013. There was no physiologic evidence of nerve dysfunction or progressive neurologic deficit. Medical necessity has not been established. The request is not medically necessary.