

Case Number:	CM13-0025444		
Date Assigned:	12/11/2013	Date of Injury:	02/01/2004
Decision Date:	01/19/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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:

The injured worker is a 59 year-old female, who was injured on February 1, 2004, while performing regular work duties. The mechanism of injury is not provided within the records. The injured worker is noted to have a chief complaint of low back, buttock, and right leg pain. The records indicate treatment has consisted of rest, medications, acupuncture, and a home exercise program. The current medications are Norco; Nexium; and Celebrex. A magnetic resonance imaging of the lumbar spine is noted to have been completed 10 years prior to evaluation on February 6, 2013. This report is not available for this review, and its results are unknown. Upon physical examination on May 17, 2013, it is noted the injured worker has a slow but normal gait, able to climb onto the examination table; and was positive for pain radiating from the back to the right leg. An evaluation on July 12, 2013, indicates symptomology is unchanged. The records do not indicate a significant change in symptomology. The records do not indicate the results of the conservative treatment received by the injured worker. The request is for a magnetic resonance imaging of the lumbar spine. The primary diagnosis is degeneration of lumbar or lumbosacral intervertebral disc. On September 10, 2013, Utilization Review non-certified the request for a magnetic resonance imaging of the lumbar spine, based on MTUS, and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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) Low Back Chapter, MRIs (magnetic resonance imaging)

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. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar or lumbosacral intervertebral disc. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.