

Case Number:	CM14-0194512		
Date Assigned:	12/02/2014	Date of Injury:	12/21/1998
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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 50 year-old patient sustained a low back injury on 12/21/1998 from a MVA. Request(s) under consideration include Repeat Lumbar MRI. Diagnoses include myalgia/myositis; facet arthropathy; thoracic/lumbosacral neuritis; meniscal derangement and lumbar DDD. Recent MRI of lumbar spine on 6/25/13 showed right L4-5 disc protrusion with mild right-sided neuroforaminal narrowing and possible nerve impingement. Report from the provider noted the patient was recommending a facet procedure for persistent chronic ongoing low back pain and gluteal pain radiating to left thigh, calf, ankle and foot rated at 9/10 without and 5/10 with medications. Exam showed unchanged antalgic gait; positive SLR less 90 degrees on right; lumbar spasm. Surgical referral for spinal cord stimulator was under consideration. Medications list Percocet and Oxycodone/Acet, Soma changed to Baclofen. The request(s) for Repeat Lumbar MRI was non-certified on 11/3/14 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:

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Page(s): 60, 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies 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, none identified here. 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 1998 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study recently done. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Repeat Lumbar MRI is not medically necessary and appropriate.