

Case Number:	CM14-0203783		
Date Assigned:	12/16/2014	Date of Injury:	09/18/2012
Decision Date:	02/18/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year-old patient sustained an injury on 9/18/12 while employed by [REDACTED]. Request(s) under consideration include MRI of the lumbar spine. Diagnoses include thoracic/lumbosacral neuritis/ radiculitis; sleep disturbance; and depressive disorder. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 7/15/14 from PA for the provider noted continued low back symptoms. Exam showed unchanged findings of intact motor strength of 5/5 except for right ankle dorsiflexion with limited range in all planes. Follow-up report of 12/11/14 from the PA/provider noted continued low back and hernia pain rated at 5/10 which radiates to left thigh/ leg/ and foot; poor sleep quality with depressive symptoms. Medications list Fexmid, Lunest, Prilosec, Tramadol, and Fenoprofen. Exam showed unchanged findings of normal gait; positive SLR at 90 degrees bilaterally; tenderness over SI spine and spinous process at L4 and L5; lumbar facet loading on left; restricted lumbar flex/ext at 30/10 degrees with pain; diffuse decreased sensation at L4, L5, S1 on left. It was noted the patient had lumbar spine MRI at Pinole imaging with report incorporated in the report; however, not seen. Treatment included EMG the next day; chiropractic therapy; acupuncture; spinal back brace; and psychological therapy. The patient remained TTD status. The request(s) for MRI of the lumbar spine was non-certified on 11/20/14 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 of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed unchanged findings of diffuse decreased sensation with intact DTRs and motor except for ankle DF. 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; and 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 the 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. Therefore, this request is not medically necessary.