

Case Number:	CM13-0033716		
Date Assigned:	12/13/2013	Date of Injury:	12/13/1999
Decision Date:	02/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 is a female patient with a date of injury of 12/13/99. A utilization review determination dated 9/13/13 recommends non-certification of lumbar MRI. A letter from the patient notes that it has been many years since the initial MRI and her back pain has increased. A progress report dated 11/22/13 identifies subjective complaints including low back pain. Objective examination findings identify no acute distress, mood normal, able to walk normally. Diagnoses include chronic left low back pain, right neck pain, and left knee pain, possible left L5-S1 facet joint mediated pain with possible radiculopathy; s/p left knee arthroscopic surgery; chronic pain syndrome; constipation; chronic opioid medication management s/p completion of pain management agreement and status post discussion of risks, benefits, and goals of medication management; s/p discussion of functional improvement with Norco on 9/23/13 and with methadone on 11/22/13. Treatment plan recommends methadone and Norco. IMR is noted to be pending regarding the patient's request for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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).

Decision rationale: Regarding the request for MRI lumbar, California MTUS cites that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They also cite that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. ODG specifically addresses repeat MRI, noting that it 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, recurrent disc herniation). Within the documentation available for review, there is documentation of increased localized back pain over the course of years, but there is no documentation of symptoms/findings suggestive of nerve root compromise or other pathology for which an MRI would be indicated, such as a tumor, infection, or fracture. In the absence of such documentation, the currently requested MRI lumbar is not medically necessary.