MAXIMUS Federal Services

Case Number:	CM14-0120997		
Date Assigned:	08/08/2014	Date of Injury:	06/03/1999
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 71-year-old female who reported an injury of unknown mechanism on 06/03/1999. On 06/09/2014, her diagnoses included cervical disc degeneration, cervical radiculopathy, chronic pain, lumbar radiculopathy, right foot pain, bilateral knee pain, osteoarthritis of the bilateral knees, status post open heart surgery, and status post lap band. Her complaints included low back pain radiating down from both lower extremities, which was aggravated by activity and walking. Upon examination, tenderness was noted in the L4-S1 levels of the lumbar spine. An MRI of the lumbar spine from 06/01/2009 revealed mild recess stenosis from T12-L5. There was mild to moderate left L4 foraminal narrowing. There was a possibility of impingement of the descending left L5 and L4 nerve roots. The rationale for the requested MRI was to further evaluate this injured worker's persistent pain and symptoms. The findings from the proposed study would be incorporated with objective findings into the decision making process to formulate a treatment plan for this worker. A Request for Authorization dated 07/09/2014 was included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs

Decision rationale: The request for MRI lumbar spine without dye is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of back pain and related symptoms carries a significant risk of diagnostic confusion, including 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. False positive results have been found in up to 50% of those over age 40. The Official Disability Guidelines recommend that MRI for uncomplicated low back pain with radiculopathy is not recommended until after at least 1 month of conservative therapy. Conservative care includes a self-performed exercise program as an extension of prior physical therapy that includes ongoing back strengthening and flexibility exercise, as well as aerobic exercises and recommended appropriate drug therapies, which include trials of antidepressants or anticonvulsants, in conjunction with analgesics. There was no evidence in the submitted documentation that this worker had participated in physical therapy, a home exercise program, aerobic exercises, or trials of antidepressants. Additionally, there were no red flag suspicion of cancer or infection. The clinical information submitted failed to meet the evidence based guidelines for a repeat MRI. Therefore, this request for MRI lumbar spine without dye is not medically necessary.