

Case Number:	CM14-0136441		
Date Assigned:	09/03/2014	Date of Injury:	08/08/2005
Decision Date:	10/28/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 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 52 year-old patient sustained an injury on 8/8/2005 while employed by [REDACTED]. Request(s) under consideration include MRI (magnetic resonance imaging) scan lumbar spine without contrast. Diagnoses include lumbar herniated nucleus pulposus (HNP). Report of 7/22/14 from the provider noted the patient with low back pain radiating down both legs with upper back spasm. Exam showed lumbar spine with tenderness at paralumbar area; restricted thoracolumbar spine range with flex/ext of 20/5-10 degrees; positive SLR at 50 degrees bilaterally; trigger points in right paralumbar area; focal tenderness and palpable taut band with twitch response. It was noted the patient developed myofascial pain syndrome with trigger points associated with pain region. The request(s) for MRI (magnetic resonance imaging) scan lumbar spine without contrast was non-certified on 8/4/14 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 (magnetic resonance imaging) scan lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Imaging, Page(s): 303-304.

Decision rationale: 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; 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 submitted medical reports have not adequately demonstrated the indication for MRI of the lumbar spine nor document any failed conservative trial with medications and therapy. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (magnetic resonance imaging) scan lumbar spine without contrast is not medically necessary and appropriate.