

Case Number:	CM14-0144127		
Date Assigned:	09/12/2014	Date of Injury:	09/19/2003
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 45-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 09/19/2003. Medical records from 2014 were reviewed. The patient complained of severe low back pain and left radicular leg pain. Pain is rated at 10 out of 10 without medications, and 6 out of 10 with medications. Physical examination revealed tenderness to palpation over the lumbar spine. Range of motion of lower back was limited. The patient had an antalgic gait favoring the left side and decreased left lower extremity strength. Patient has undergone ESIs, and 2 left L5-S1 laminectomy/micro-discectomies in 2008 and 2010. Postoperatively, he has completed 24 physical therapy sessions and 18-20 acupuncture sessions. Treatment to date has included medications, surgery, physical therapy, acupuncture and epidural steroid injections. Utilization review, dated 08/27/2014, denied the request for lumbar MRI because there was no documentation of progressive neurologic findings that are severe or progressive. There is also no documentation of recent conservative treatment to address low back pain and range of motion (ROM) impairment. The request for magnetic resonance imaging (MRI) was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated Lumbar Magnetic Resonance Imaging (MRI) without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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) Low Back Section, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested to reassess patient's worsening condition. In the recent clinical evaluation, the patient still complains of severe low back pain and left radicular leg pain. However, there is no documentation of progressive neurologic findings. Prior MRI done was not made available in the medical records submitted. An updated MRI is not indicated at this time due to insufficient documentation. Therefore, request for Updated Lumbar Magnetic Resonance Imaging (MRI) without Contrast is not medically necessary.