

Case Number:	CM14-0148795		
Date Assigned:	09/18/2014	Date of Injury:	12/16/2012
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 & 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 40 year-old patient sustained an injury on 12/16/12. Request(s) under consideration include MRI Lumbar Spine. Diagnoses include cervical disc displacement; lumbar radiculopathy; bilateral knee internal derangement/ tear of medial meniscus; anxiety disorder/ mood disorder/ sleep disorder/ stress. Report of 7/21/14 from the provider noted the patient with radiating neck pain rated at 6-7/10 with spasm down arms association with numbness/tingling; radicular low back pain radiating down both legs with numbness/tingling; knee pain and muscle spasms rated 7-8/10. Exam showed tenderness at cervical regions with positive distraction testing; decreased range; negative compression test; lumbar spine with tenderness; decreased range; positive SLR at 60 degrees; knee exam with tenderness at medial and lateral joint line and patellofemoral joint bilaterally; positive Apley's and McMurray's; positive valgus/varus testing; motor noted diffuse decrease bilaterally with intact sensation. The request(s) for MRI Lumbar Spine was denied on 8/28/14 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 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, MRIs

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

Decision rationale: Previous MRI of lumbar spine dated 6/7/13 showed disc desiccation at L5-S1 with 1.3 mm disc protrusion and 2.7 mm disc protrusion at L4-5 with bilateral neural foraminal and canal stenosis. The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. 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 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. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.