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| Case Number: | CM14-0161943 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 11/16/2013 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 33 year-old patient sustained an injury on 11/16/13 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material. Diagnoses include lumbar sprain; sacroiliac region sprain. Report of 8/29/14 from the provider noted the patient with ongoing back pain radiating into bilateral legs with feeling of inflammation and swelling. The patient felt no improvement from previous injections or active therapy. Conservative care has included medications, physical therapy, chiropractic treatment, and modified activities/rest. Medications list Flector Patch. Exam showed lumbar spine with increased lordosis; restricted and guarded range of motion; tenderness on palpation of paravertebral muscles, hypertonicity, spasm, tenderness, tight band and trigger points with positive Faber test; negative SLR; tender left SI joint; DTRs 2+; with normal motor strength and sensation in lower extremities. The patient had recent MRI of lumbar spine 9 months prior with was unremarkable. The request(s) for MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material was non-certified on 9/8/14 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) of the lumbar spine without contrast material:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: This 33 year-old patient sustained an injury on 11/16/13 while employed by [REDACTED]. Request(s) under consideration include MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material. Diagnoses include lumbar sprain; sacroiliac region sprain. Report of 8/29/14 from the provider noted the patient with ongoing back pain radiating into bilateral legs with feeling of inflammation and swelling. The patient felt no improvement from previous injections or active therapy. Conservative care has included medications, physical therapy, chiropractic treatment, and modified activities/rest. Medications list Flector Patch. Exam showed lumbar spine with increased lordosis; restricted and guarded range of motion; tenderness on palpation of paravertebral muscles, hypertonicity, spasm, tenderness, tight band and trigger points with positive Faber test; negative SLR; tender left SI joint; DTRs 2+; with normal motor strength and sensation in lower extremities. The patient had recent MRI of lumbar spine 9 months prior with was unremarkable. The request(s) for MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material was non-certified on 9/8/14. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies 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, not demonstrated here. 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 repeating the MRI of the Lumbar spine that was unremarkable 9 months prior nor document any specific changed clinical findings or neurological deficits of red-flag conditions 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 (Magnetic Resonance Imaging) of the lumbar spine without contrast material is not medically necessary and appropriate.