

Case Number:	CM14-0173743		
Date Assigned:	10/27/2014	Date of Injury:	11/26/2008
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 49 year-old patient sustained an injury on 11/26/08 while employed by [REDACTED]. Request(s) under consideration include One (1) MRI of the lumbar spine with contrast. Diagnoses include lumbosacral spondylosis without myelopathy; lumbar radiculopathy s/p lumbar fusion in 2009 and surgery in 2010. Conservative care has included medications, physical therapy, aquatic therapy, injections, and modified activities/rest. Report of 9/24/14 from the provider noted the patient with ongoing chronic low back pain radiating down bilateral lower extremities. There was no loss of bowel or bladder function nor were there any new onset of numbness, tingling or weakness of the legs with pain symptoms remaining unchanged. Exam showed antalgic gait; positive SLR on left with tenderness and palpable trigger points; lumbar facet pain bilaterally at L3 throughout S1; limited lumbar range; diffuse hypoesthesia in left lower extremity non-dermatomal pattern with intact motor strength. The request(s) for One (1) MRI of the lumbar spine with contrast was denied on 10/7/14 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:

One (1) MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per 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. 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 repeating the MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam without myotome or dermatomal deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The One (1) MRI of the lumbar spine with contrast is not medically necessary.