MAXIMUS Federal Services

Case Number:	CM14-0179643		
Date Assigned:	11/04/2014	Date of Injury:	11/09/2010
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 is a 57-year-old female with a date of injury of 11/09/10. Mechanism of injury was a motor vehicle accident. She has symptoms affecting the neck and low back. She has upper and lower extremity radicular symptoms. She has chronic pain issues. She was seen by an orthopedic spine specialist on 9/19/14. He was unsure if the radicular symptoms were due to neurologic impairment or pain-mediated. Exam did not show any findings that suggested nerve compression/inflammation. SLR was negative. Strength was globally reduced, but only slightly at 4+/5 in the lower extremities. Reflexes were reduced, but symmetrically in the quads and Achilles. There were no signs or symptoms suggestive of spinal cord compression or cauda equina syndrome. MRI was recommended of the cervical and lumbar spine. A report on 3/27/14 indicates that an MRI has been done at an undisclosed date and shows mild disc bulges with possible foraminal stenosis at L5 with possible left L56 nerve root impingement. Date of this MRI is not discussed and was not mentioned in the 9/19/14 ortho spine consult. This was submitted to Utilization Review on 10/24/14. This report also mentioned the prior discussed MRI with undisclosed date. Given the no findings suggestive of radiculopathy or myelopathy, MRI was denied.

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: 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), Indications for Imaging - Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI and Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Revised Edition, (2007) Chapter 12, page(s) 52-56

Decision rationale: Guidelines do support use of MRI in patients with unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment, or would be a candidate for surgery. Table 12-8 supports MRI for red flags such as cauda equina, tumor, fracture or infection, and it is the test of choice in patients with prior back surgery. MRI is not indicated in acute radicular syndromes in the first 6 weeks and not recommended for non-specific back pain prior to 3 months of conservative modalities. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient had a prior MRI at an undisclosed date. There are no exam findings that reflect neurologic abnormalities suggestive of nerve root impingement, myelopathy, or cauda equina. There are no progressive neurologic abnormalities. There are no red flags. Medical necessity for a repeat MRI of the lumbar spine is not established.