

Case Number:	CM14-0185534		
Date Assigned:	11/13/2014	Date of Injury:	12/06/2003
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, Pain Medicine 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 patient with a date of injury of December 6, 2003. A utilization review determination dated October 9, 2014 recommends non-certification for an MRI of the lumbar spine. Non-certification was recommended due to lack of documentation of physical examination findings of lumbar radiculopathy or myelopathy to warrant repeat imaging of the lumbar spine. A progress report dated August 1, 2014 identifies subjective complaints of low back pain radiating into the right lower extremity. The patient also complains of pain in the right knee. Physical examination findings reveal an antalgic gait with tenderness in the lumbar spine as well as decreased sensation to light touch in the right L4, L5, and S1 dermatomes. Diagnoses include low back pain with radicular symptoms to the right lower extremity, status post right knee surgery, and left knee pain. The treatment plan requests all of the patient's medical records to be forwarded to the physician's office, continue medications, request an updated MRI scan of the lumbar spine and right knee, and request lab work. A report dated June 17, 2014 indicates that the patient has previously undergone an MRI of the back and knee. A report dated January 8, 2014 indicates that the patient underwent a lumbar spine MRI in 2013 and EMG/NCV in 2013.

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 Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Low Back, MRI

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 Chapter, MRIs magnetic resonance imaging

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.