

Case Number:	CM14-0096730		
Date Assigned:	07/28/2014	Date of Injury:	01/11/2000
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 48 year-old male was reportedly injured on 1/11/2000. The mechanism of injury is noted as a low back injury while picking up sheet rock. The most recent progress note, dated 4/23/2014, indicates that there are ongoing complaints of low back pain with radiation to the lower extremities. The physical examination demonstrated tender to lumbar paraspinals, decreased lumbar flexion and extension; able to toe walk and heel walk with an increase in low back pain; motor strength 5/5 in lower extremities bilaterally; straight leg raise negative on right, positive on left. Electromyography (EMG) of bilateral lower extremities dated 1/8/2014 was normal. magnetic resonance imaging (MRI) of the lumbar spine dated 10/4/2011 demonstrated degenerative disk disease, moderate bilateral foraminal stenosis and post-operative changes at L4/5, retrolisthesis at L3/4, L4/5 and L5/S1 with multilevel facet arthropathy; and canal stenosis: mild at L2/3 and moderate a L3/4. Diagnosis: lumbar radiculopathy and lumbar facet arthropathy. Previous treatment includes lumbar spine surgery in February 2002 and January 2005, as well as #7 sessions of chiropractic treatment, #12 sessions of acupuncture and medications. A request had been made for magnetic resonance imaging (MRI) of lumbar spine, which was not certified in the pre-authorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic Resonance Imaging (MRI) of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006 Physician's Desk Reference, 68th ed. www.RxList.com. ODG Workers Compensations Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations - MRI (electronically sited)

Decision rationale: ACOEM practice guidelines support a Magnetic Resonance Imaging (MRI) of the lumbar spine for lumbar radiculopathy lasting at least 6 weeks and not improving if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of the available medical records included an MRI of the lumbar spine from 2011. The ACOEM does not address repeat MRIs. ODG will support a repeat MRI for a significant change in symptoms and/or findings suggestive of significant pathology. The guidelines require plain radiographs before a Magnetic Resonance Imaging (MRI) may be requested. Due to the lack of documentation, the request is not medically necessary.