

Case Number:	CM13-0052634		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2009
Decision Date:	02/03/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Rehab, has a subspecialty in Interventional spine, 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:

The patient is a 33 year-old male who injured his neck and back on 6/25/09 when he was driving a company vehicle and lost control and went off a 3-foot cliff. According to the 9/18/13 anesthesiology/pain management report, the patient currently presents with 3-4/10 neck and 6-7/10 back pain. The physician notes the patient had x-rays, MRIs and electrodiagnostic studies in the past. The 9/18/13 physical exam revealed intact sensory and motor examination, SLR was reported as positive supine at 60 degs and 70 degs in the seated position bilaterally. The physician notes last MRI was on 4/25/12 and was read as normal and that the patient has no significant radicular symptoms. The physician recommended a new MRI since the last one was 18 months prior and he requires an MRI to make a determination if the patient is a candidate for medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter online for Facet joint pain, signs & symptoms.

Decision rationale: The patient is a 33 year-old male who injured his neck and back on 6/25/09. On 9/18/13, the pain management physician requested an updated MRI in order to determine whether the patient needed diagnostic medial branch blocks. The physician notes the patient's prior lumbar MRI from 4/24/12 was normal. Examination showed normal sensory and motor findings, but did report a positive SLR. This review is for An MRI of the lumbar without contrast. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pages 303-305 state "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 who would consider surgery an option." ODG guidelines suggest that MRI is not useful for determining facet syndrome. ODG, low back chapter online for Facet joint pain, signs & symptoms states there are no findings on history, physical or imaging studies that consistently aid in making this diagnosis. MTUS/ACOEM guidelines recommend lumbar MRI for clarification of physical exam findings of nerve compromise on examination. The patient had normal sensory and motor examination and the request for an updated MRI is not consistent with the guidelines. Per ODG criteria, MRI studies are not useful in determining facet joint pain. The request for MRI of the lumbar spine without contrast is not medically necessary.