

Case Number:	CM14-0210147		
Date Assigned:	12/23/2014	Date of Injury:	10/17/2013
Decision Date:	02/13/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 48 year-old patient sustained an injury on 10/17/13 from assisting a resident and fell backward while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine w/o dye. Diagnoses include s/p cervical decompression and fusion in July 2014/ cervicalgia; and lumbago. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/28/14 from the provider noted discomfort and pain in the low back with radiating pain down the leg associated with numbness and tingling. Exam showed no paraspinal musculature tenderness; mild pain at terminal range; sensation and motor strength in the upper extremities were intact. Although there were no lumbar spine exam documented; discussion noted low back radicular symptoms with request for MRI of lumbar spine. Report of 10/24/14 from another provider noted significant low back pain radiating down the legs. Exam showed unchanged findings of paralumbar muscle tenderness and positive bilateral SLR unchanged from report of 8/8/14. The request(s) for MRI lumbar spine w/o dye was non-certified on 11/15/14 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:

MRI lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: This 48 year-old patient sustained an injury on 10/17/13 from assisting a resident and fell backward while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine w/o dye. Diagnoses include s/p cervical decompression and fusion in July 2014/ cervicgia; and lumbago. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/28/14 from the provider noted discomfort and pain in the low back with radiating pain down the leg associated with numbness and tingling. Exam showed no paraspinal musculature tenderness; mild pain at terminal range; sensation and motor strength in the upper extremities were intact. Although there were no lumbar spine exam documented; discussion noted low back radicular symptoms with request for MRI of lumbar spine. Report of 10/24/14 from another provider noted significant low back pain radiating down the legs. Exam showed unchanged findings of paralumbar muscle tenderness and positive bilateral SLR unchanged from report of 8/8/14. The request(s) for MRI lumbar spine w/o dye was non-certified on 11/15/14. 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 MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient has noted chronic pain without noted medication use nor is there any neurological deficits or clinical exam findings to support for the study. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine w/o dye is not medically necessary and appropriate.