

Case Number:	CM14-0213237		
Date Assigned:	12/30/2014	Date of Injury:	10/20/2000
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 52 year-old man who was injured at work on 10/10/2000. The injury was primarily to his back. He is requesting review of denial for an MRI of the Lumbar Spine Without Contrast/Bilateral Spine. Medical records corroborate ongoing care for his injuries. The last documented visit in the records was on 11/18/2014. At this visit the patient stated that his symptoms included pain at the posterior aspect of his left hip that radiates distally to the posterior aspect of his lower leg with numbness and tingling distally to the left calf. He reported taking Aleve with good relief. Physical examination was notable for normal lower extremity strength. His lower extremities were described as being neurovascularly intact. Deep tendon reflexes were not reported. The impression was Lumbar Spine Pain Concerning for Herniated Nucleus Pulposus. The treatment plan included physical therapy and use of over the counter NSAIDs. In the Utilization Review process, the MTUS/ACOEM Guidelines were used in the assessment of this request. Based on a review of these guidelines the request was non-certified for the following reason: "Per the physical exam of this patient, there was a lack of objective findings noting specific nerve compromise or neurological deficits for the patient that would warrant imaging." It was also noted that the patient had a prior MRI of the lumbar spine and there wasn't evidence of substantive change in the patient's symptoms since the prior examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast (bilateral 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 Official Disability Guidelines (ODG), Treatment Index, 111th Edition (web), 2014, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS/ACOEM Guidelines in the chapter on Low Back Complaints comment on the use of imaging studies such as MRI. These guidelines state the following: That in the absence of red flag symptoms imaging studies and other tests are usually not helpful (page 287). In reviewing the medical records on this patient, there is no evidence provided that the patient is having any of the stated red flag symptoms. Further, these guidelines describe the symptoms and findings associated with lumbar nerve root dysfunction. These are described on Tables 12-2 and 12-3 in the chapter. In reviewing the medical records on this patient, there is no evidence of any finding on physical examination that is consistent with lumbar nerve root dysfunction. For example, lower extremity strength was normal and the patient was described as being neurovascularly intact. Deep tendon reflexes were not documented in the medical records. The MTUS/ACOEM Guidelines also provide an algorithm for the Evaluation of Slow-To-Recover Patients with Occupational Low Back Complaints (>4 weeks) - Figure 12-3. Based on the algorithm, there are no indications to repeat an MRI image in this patient. In summary, there are no findings on history or physical examination to suggest that the patient is experiencing lumbar nerve root dysfunction that would warrant repeat MRI imaging of the lumbar spine. Therefore, this request is not considered as medically necessary.