

Case Number:	CM14-0213521		
Date Assigned:	12/31/2014	Date of Injury:	02/24/1994
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
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: Preventive Medicine, Occupational Medicine

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 55-year-old female with a 2/24/1994 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/26/14 noted subjective complaints of improved depression. Objective findings included depressed affect. There is no musculoskeletal or neurological exam documented. Diagnostic Impression: failed back surgery syndrome, lumbar radiculopathy Treatment to Date: medication management, lumbar fusion. A UR decision dated 12/4/14 denied the request for MRI to assess worsening radicular symptoms and pain, Lumbar Spine. The request stated the MRI was to assess worsening radicular symptoms. However, there were none noted on the history and there was no physical exam of the back or lower extremities documented. It also denied consultation for surgical evaluation with [REDACTED] after MRI, Lumbar Spine. There is no specific rationale noted for this denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to assess worsening radicular symptoms and pain, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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-MRI

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, in the documents available for review, there was no neurological examination documented and therefore no documented evidence of nerve compromise. In addition, there is no documentation of failure of conservative management. Therefore, the request for MRI to assess worsening radicular symptoms and pain, lumbar spine is not medically necessary.

Consultation for surgical evaluation after MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 127, 156

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, as noted previously, there are no documented objective physical exam abnormalities noted. Additionally, the requested lumbar MRI is not certifiable. Without noted abnormalities on exam or by imaging, it is unclear how a surgical consultation would be of benefit. Therefore, the request for consultation for surgical evaluation after MRI of the lumbar spine is not medically necessary.