

Case Number:	CM14-0216893		
Date Assigned:	01/06/2015	Date of Injury:	12/08/2011
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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: Physical Medicine & Rehabilitation

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 59 year-old male with a 12/08/2011 date of injury. The 6/7/14 orthopedic QME report is available and shows the orthopedist recommended an upright MRI of the lumbar spine to see the status of his disc herniation, possible in anticipation for epidural injections or ablation. According to the 11/17/14 physiatry report, the patient presents with 8/10 neck pain without radiculopathy. He has cervical spasms and tenderness at C6. The diagnosis is cervical spondylosis. There are no lumbar complaints or exam findings. On 12/11/2014 utilization review denied an upright MRI for the lumbar spine. Because additional information was needed as current evaluation and diagnoses appeared to be related to the neck/cervical spine. The original request for the lumbar MRI was reported to be from a QME report dated 6/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPRIGHT MRI-LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The request is for an upright or standing MRI of the lumbar spine that was initially requested back in June 2014. Subsequent to the June 2014 request, the patient's lower back pain appears to have improved. As of the 11/17/14 report, the patient no longer has subjective lower back complaints, nor objective findings nor a diagnosis. ODG-TWC guidelines, Low Back chapter online for Standing MRI states these are Not recommended over conventional MRIs MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "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." The ODG guidelines do not recommend upright MRIs over conventional MRIs. In this case, based on the most recent medical reports, there are no indications for a lumbar MRI. The request is not in accordance with ODG or MTUS/ACOEM guidelines. The request for an Upright MRI, lumbar IS NOT medically necessary.