

Case Number:	CM15-0010669		
Date Assigned:	01/28/2015	Date of Injury:	08/12/2013
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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 injured worker is a 27 year old female, who sustained an industrial injury on August 12, 2013. She has reported back pain. The diagnoses have included lumbar disc bulge, lumbar facet discogenic pain and thoracolumbar sprain/strain and radiculitis. Treatment to date has included X-rays, magnetic resonance imaging (MRI), physical therapy and oral medications. Currently, the IW complains of back pain. Treatment includes Transcutaneous Electrical Nerve Stimulation (TENS) unit and oral medications. Plan on November 17, 2014 was for chiropractic, continued pain management and magnetic resonance imaging (MRI). On December 23, 2014 utilization review non-certified a request for magnetic resonance imaging (MRI) lumbar spine standing 3T. Application for independent medical review (IMR) is dated January 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Standing 3T: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low Back (lumbar and thoracic) chapter, section on standing MRI(see MRI)

Decision rationale: The patient was injured on 08/12/13 and presents with back pain. The request is for a MRI LUMBAR SPINE STANDING 3T. There is no RFA provided and the patient is temporary totally disabled. The 12/15/14 report states that the patient's job will be terminating in Feb. It does not appear that the patient had a prior MRI of the lumbar spine. ODG Guidelines regarding the low Back (lumbar and thoracic) chapter, section on standing MRI, states the following: Not recommended over conventional MRIs. See MRIs. Under study for patients with equivocal findings on conventional MRI, for example, they may be valuable in situations where symptomatic radiculopathy is present without any abnormalities demonstrated on conventional MRI. Although these weight-bearing MRIs units have shown a greater prevalence of disc bulging with the spine loaded (Alexander, 2007), the information gained in addition to that from standard MRIs has limited value in decision making. (Wildermuth, 1998) Conventional MRI of the lumbar spine (i.e., in the supine position) remains the imaging method of choice for the assessment of degenerative disk disease. Weight-bearing imaging in upright seated or upright standing positions (usually combined with flexion and extension movements) using vertical open-configuration MR scanners may be helpful in patients with equivocal findings on conventional MRI, clinically suspected position-dependent nerve root compromise, or in cases of suspected spinal canal or neuroforaminal stenosis with equivocal or borderline findings on conventional MRI. (Weishaupt, 2002) Standing magnetic resonance imaging (MRI) is considered experimental, investigational or unproven. It has not been demonstrated to provide any advantage over conventional (supine) MRIs. The patient has numbness if sitting on commode in the legs, increased pain with activity, tightness, small spasms, heat and soreness, and difficulty with ADLs. The diagnoses have included lumbar disc bulge, lumbar facet discogenic pain and thoracolumbar sprain/strain and radiculitis. Reports provided do not mention if the patient has a suspected position-dependent nerve root compromise, suspected spinal canal, or neuroforaminal stenosis, as indicated by ODG Guidelines. Furthermore, ODG Guidelines find standing magnetic resonance imaging [to be] experimental, investigational or unproven. There is no indication of why the patient is unable to have a conventional MRI. Therefore, the requested standing MRI of the lumbar spine 3T IS NOT medically necessary.