

Case Number:	CM14-0165376		
Date Assigned:	10/09/2014	Date of Injury:	08/15/2010
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 8/15/10 date of injury. At the time (9/11/14) of the Decision for MRI Lumbar Spine, there is documentation of subjective (low back, neck, and left shoulder pain) and objective (tenderness over posterior cervical spine with spasms, restricted cervical range of motion, and tenderness over bilateral lumbar paravertebral muscle) findings, imaging findings (reported MRI lumbar spine (5/24/11) revealed L1-2 posterior disc bulge, L2-3 and L3-4 mild right neural foraminal narrowing, and L4-5 and L5-S1 moderate to severe bilateral neural foraminal narrowing) report not available for review, current diagnoses (cephalgia, cervical/lumbar spine herniated nucleus pulposus, and left shoulder impingement syndrome), and treatment to date (medications, chiropractic treatment, and epidural steroid injection). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings); and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of cephalgia, cervical/lumbar spine herniated nucleus pulposus, and left shoulder impingement syndrome. However, given documentation of imaging findings (reported MRI lumbar spine (5/24/11) revealed L1-2 posterior disc bulge, L2-3 and L3-4 mild right neural foraminal narrowing, and L4-5 and L5-S1 moderate to severe bilateral neural foraminal narrowing), there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, despite documentation of the medical reports' reported imaging findings (MRI of lumbar spine identifying L1-2 posterior disc bulge, L2-3 and L3-4 mild right neural foraminal narrowing, and L4-5 and L5-S1 moderate to severe bilateral neural foraminal narrowing), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.