MAXIMUS Federal Services

Case Number:	CM13-0008174		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2011
Decision Date:	03/04/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of September 24, 2013, notable for left L5 radiculopathy; prior elbow surgeries; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 30, 2013, the claims administrator denied a request for an MRI of the lumbar spine. It is incidentally noted that the claims administrator used the abbreviation MRA in his denial letter July 23, 2013. However, the applicant's attorney writes "MRI" of the lumbar spine in his appeal letter of August 4, 2013. The claims administrator, moreover, also cited the chapter 12 ACOEM Guidelines on lumbar MRI imaging. A clinical progress note of June 21, 2013 is notable for comments that the applicant reports persistent mid back, low back, and elbow pain. Positive straight leg raising is noted with lower extremity strength ranging from 4-5/5. The applicant is asked to renew permanent work restrictions. It does not appear that the applicant is working with said limitations in place. Electrodiagnostic testing of lower extremities is apparently endorsed. On November 8, 2013, the attending provider notes that the applicant has an electrodiagnostically confirmed lumbar radiculopathy at L5. The applicant's impairment rating is revised. The applicant is apparently moved from a lumbar DRE class II to a lumbar DRE class III. An earlier note of July 10, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant has ongoing complaints of mid back pain and low back pain with radiation of low back pain to the left leg. MRA imaging of the right elbow and lumbar spine are endorsed while the applicant remains off of work, on total temporary disability. The phrasing "MRA" is used on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Angiography (MRA) Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MR angiography of the spine: update.

Decision rationale: The MTUS does not address the topic of magnetic resonance angiography of the spine. As noted in the review article on MR angiography of the spine, indications for MRA imaging include characterization of spinal vascular abnormalities, encompassing trauma, and degenerative spine disease and vascular malformations and tumors. In this case, however, the documentation on file does not call into question any clearly voiced or clearly stated suspicion of vascular tumors, spinal vascular abnormalities, spinal vascular malformations, etc., which might make a case for MR angiography of the spine. Therefore, the request is not certified.