

Case Number:	CM13-0013634		
Date Assigned:	12/04/2013	Date of Injury:	04/06/2007
Decision Date:	05/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 April 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier L5-S1 lumbar laminotomy, foraminotomy, and discectomy; transfer of care to and from various providers in various specialties; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report of July 31, 2013, the claims administrator denied a request for lumbar MRI imaging, citing non-MTUS ODG Guidelines, although the MTUS does address the topic. The claims administrator noted that the applicant had had numerous falls over the course of the claim. The applicant's attorney appealed the denial. A December 4, 2013 progress note is notable for comments that the applicant reports persistent low back pain, 7/10 with burning symptoms about the right lower extremity. The applicant's right foot was numb. The applicant was described as ambulating slowly with the aid of a cane but did not appear to have a footdrop or other focal neurologic deficits. Epidural steroid injection therapy and/or spinal cord stimulator were thus raised as consideration. Norco and Neurontin were also suggested. It appears that the disputed lumbar MRI was apparently performed on August 23, 2013 and showed marked disc space narrowing and desiccation at L5-S1 with associated persistent right paracentral disc extrusion at that level. Moderately severe narrowing of the left L4-L5 neuroforamen was also appreciated. On October 9, 2013, the applicant was described as reporting persistent low back pain radiating into the right leg. It was stated that the applicant could consider epidural steroid injection therapy. On August 14, 2013, the applicant was described as reporting persistent low back pain radiating to the right leg. The applicant is reportedly described as having weakness about the right leg which is getting progressively worse

over the last several months. 5-/5 right lower extremity strength was appreciated. Norco, Neurontin, and MRI imaging were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 9TH EDITION (WEB), 2011, LOW BACK - MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior spine surgery. In this case, the employee appears to have progressively worsening right lower extremity weakness, in addition to having had prior lumbar spine surgery. It was stated that the employee would potentially act on the results of the lumbar MRI in question and would consider either a spinal cord stimulator or epidural steroid injection therapy. The lumbar MRI in question was ultimately performed in August 2013 and did reveal significant findings suggestive of an active radicular process. Accordingly, the original utilization review decision is overturned, the request is certified, on Independent Medical Review.