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| Case Number: | CM13-0016944 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 07/21/2008 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/06/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 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 July 21, 2008. 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; facet joint blocks; reportedly normal electrodiagnostic testing of the bilateral lower extremities in May 2010; reportedly largely normal lumbar MRI of August 18, 2008; muscle relaxants; and work restrictions. It does not appear that the applicant has returned to work with restrictions in place. In a utilization review report of August 6, 2013, the claims administrator apparently denied a repeat lumbar MRI. The applicant's attorney later appealed, on August 26, 2013. An earlier note of August 22, 2013 is notable for comments that the applicant reports persistent low back pain scored at 6/10 with weakness about the right lower extremity. Spasm, limited range of motion, and dysesthesias in the L5-S1 distribution are noted. 5/5 strength is noted. No gross change is noted on neurologic exam. The applicant is given refills of naproxen and Soma. Work restrictions are again endorsed. It is stated that the applicant is considering facet joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat lumbar MRI scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

Decision rationale: No, the proposed repeat lumbar MRI scan is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM guidelines in chapter 12, unequivocal findings which identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies in those applicants who did not respond to treatment and who would consider surgery an option. In this case, there is no clear-cut evidence of neurologic compromise noted on exam. The attending provider herself noted that there is no gross change noted on exam and that the applicant's lower extremity strength is well preserved. While the applicant does have some dysesthesias/altered sensorium noted about the right lower extremity, this does not appear to represent clear, unequivocal neurologic compromise which warrant repeat imaging studies. It is further noted that it does not appear that the applicant would act on the results of the studies. It is not clearly stated that the applicant would consider or is considering a surgical remedy.