MAXIMUS Federal Services

Case Number:	CM13-0017847		
Date Assigned:	01/15/2014	Date of Injury:	12/19/2001
Decision Date:	03/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 and bilateral shoulder pain reportedly associated with an industrial injury of December 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; lumbar support; multimodality TENS unit; psychotropic medications; sacroiliac joint injection therapy; unspecified amounts of physical therapy and aquatic therapy; muscle relaxant; prior lumbar spine surgery; reported return to some form of work; and facet joint therapy. In a Utilization Review Report of August 12, 2013, the claims administrator approved a request for physical therapy of the bilateral shoulders while denying a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a clinical progress note of January 14, 2014, the applicant presents with low back pain radiating down the bilateral legs, 8-10/10. She is having heightened pain with walking. She missed four to five days of work this month, it is stated. She has reportedly continued to work, it is stated. A surgical scar is noted about the lumbar spine with limited range of motion noted about the same. Lower extremity strength ranges from 4-to 5/5 with decreased sensorium noted about the bilateral lower extremities. The attending provider incidentally references on September 20, 2013 lumbar MRI which apparently showed multilevel disc bulging, low grade disk degeneration, uterine fibroids, and central canal and neuroforaminal narrowing variably described as mild to severe at various levels. The applicant is reportedly permanent and stationary and is working full time, it is stated. A later appeal letter of November 20, 2013 is notable for comments that the attending provider states that he intends to perform minimally a invasive decompression procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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 Work Loss Data Institute Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic).

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

Decision rationale: The Physician Reviewer's decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 12, Table 2-8, MRI imaging is recommended as the test of choice for those applicants who have had prior lumbar spine surgery. The applicant is an individual who has had prior spine surgery. ACOEM further notes that unequivocal evidence of neurologic compromise in those individuals who do not response to conservative treatment who would consider a surgical remedy does support the need for imaging studies. In this case, the applicant has had prior spine surgery, has residual neurologic deficits about the lower extremities, including diminished lower extremity strength and diminished lower extremity sensorium, and is actively considering or contemplating a surgical remedy. The MRI in question was apparently performed on September 20, 2013 and did demonstrate evidence of multilevel neuroforaminal stenosis and spinal canal stenosis. This was an appropriate test, for all of the stated reasons. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.