

Case Number:	CM13-0019856		
Date Assigned:	03/26/2014	Date of Injury:	01/14/2011
Decision Date:	05/08/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 14, 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; and a prior L5-S1 lumbar laminectomy surgery. In a utilization review report of August 26, 2013, the claims administrator denied a request for a lumbar MRI (magnetic resonance imaging). Non-MTUS Official Disability Guidelines (ODG) was cited, although the MTUS does address the topic. The claims administrator stated that the applicant had evidence of lower extremity weakness and positive straight leg raise, nevertheless, denied the MRI, stating that the records do not corroborate the allegation of weakness. A December 9, 2013 progress report is notable for comments that the applicant reports persistent low back pain, 9/10. The applicant is apparently using a cane for ambulation owing to left leg weakness. A stiff gait was noted with limited lumbar range of motion appreciated. The applicant was given a 25% whole-person impairment rating. On January 2, 2014, it is stated that the applicant has no intention of going back to work and is on social security disability insurance (SSDI). The applicant has ongoing issues with depression, it is stated. She is feeling hopeless. Her review of systems is notable for gait derangement. She is obese with a BMI of 53. An antalgic gait is appreciated. In an earlier office visit of July 3, 2013, the applicant was described as reporting severe low back pain radiating into the left leg. She was again described as using a cane to move about. A visibly antalgic gait was noted. The applicant's BMI was 51. Positive straight leg raise was noted. On this occasion, the applicant's lower extremity strength was normal, although she was subjectively reporting weakness. Trigger point injections were performed in the clinic. The applicant was asked to obtain a lumbar MRI and

consider a spinal cord stimulator versus spine surgery consultation based on the outcome of the same. She was again placed off of work, on total temporary disability.

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 WITHOUT CONTRAST: Overturned

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

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, MRI (magnetic resonance imaging) is the "test of choice" for applicants who have had prior spine surgery. In this case, the applicant has, in fact, had prior spine surgery. She has seemingly worsening complaints of low back pain radiating into the left leg. There are some signs of neuro-compromise, including positive straight leg raise, and an antalgic gait requiring usage of a cane. The applicant's complaints have not seemingly attenuated over a period of several months. MRI imaging to more clearly delineate the extent of the same and to determine whether the applicant is a surgical candidate is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.