

Case Number:	CM13-0030354		
Date Assigned:	12/11/2013	Date of Injury:	11/01/2002
Decision Date:	02/18/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	09/30/2013

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 November 1, 2002. 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; topical Voltaren gel; bilateral carpal tunnel release surgery; trigger point injections; Lidocaine patches; h2 antagonists; repeat electrodiagnostic testing of October 18, 2013, apparently notable for bilateral carpal tunnel syndrome; x-rays of the injured knee, apparently notable for arthritic changes; a cane; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent limitations in place. In a utilization review report of September 14, 2013, the claims administrator denied request for MRI imaging of the lumbar spine and plain films of the lumbar spine while approving electrodiagnostic testing of the bilateral lower extremities. No clear rationale was provided. The applicant's attorney subsequently appealed. On October 31, 2013, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, right greater than left. He is also having issues with shoulder pain and bilateral upper extremity pain. He is on Tramadol, Ultracet, and Lidoderm. He is using a slow gait with the aid of a cane. Limited lumbar range of motion is noted. The applicant is given a diagnosis of multilevel lumbar disk disease and disk protrusions. Tramadol, Ultracet, Zantac, Lidoderm, and Voltaren are refilled. Medications are again refilled on an office visit of November 22, 2013. In an office visit of September 5, 2013, it is stated that the applicant has heightened low back pain radiating to the right leg, 9/10. The applicant is using a cane. Positive straight leg raising is noted. The applicant has intact motor and sensory function. The MRI imaging of the lumbar spine and electrodiagnostic testing are sought for worsened sciatica.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, unequivocal objective findings which identify specific nerve compromise on neurologic exam are sufficient evidence to warrant imaging studies in those applicants who do not respond to conservative treatment, who would consider surgery an option. In this case, however, it is not clearly stated that the applicant would in fact consider a surgical remedy were it is offered to him. While there is some incomplete evidence of nerve root compromise in the form of low back pain radiating to the right leg, there is no corresponding evidence of motor weakness. There is no clear statement from the attending provider or applicant that surgery would be considered based on the results of the lumbar MRI. Given the multifocal nature of the applicant's complaints, which seemingly include the neck, shoulder, wrist, elbow, low back, etc., it does not appear likely that a surgical remedy is in fact being considered here. The MRI imaging would be largely academic. Accordingly, the request is not certified.

X-ray of the lumbar spine (4 views): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: In this case, the attending provider is apparently seeking four views of the lumbar spine. It is not clearly stated why four views are needed or are indicated here. As noted in MTUS-adopted ACOEM Guidelines in chapter 12 table 12-8, routine oblique views of the lumbar spine are "not recommended." In this case, the attending provider has not proffered any applicant-specific rationale to try and offset the unfavorable ACOEM recommendation. Accordingly, the request remains non-certified, on independent medical review.