

Case Number:	CM13-0031637		
Date Assigned:	12/04/2013	Date of Injury:	05/18/2011
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 pain low back pain reportedly associated with an industrial injury of May 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, acupuncture, and chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of September 16, the claims administrator denied a request for a lumbar MRI, citing both MTUS and non-MTUS Guidelines. An earlier clinical progress note of September 9, 2013 is notable for comments that the applicant reports persistent 8 to 9/10 low back pain. The applicant's neck pain is reportedly stable. The applicant has radiculopathy down to his right lower extremity. The pain is shock and electric. The applicant is getting progressively worse. He is having difficulty with prolonged ambulation. He has negative straight leg raising and has good strength about the bilateral lower extremities. An earlier lumbar MRI from 2011 is notable for comments that the applicant had a disk bulge at L4-L5 which was causing some right-sided nerve root impingement. The applicant is asked to pursue a new lumbar MRI and right-sided transforaminal epidural steroid injection for diagnostic purposes. It is stated that the applicant is apparently intent on pursuing knee surgery and may consider right-sided decompression and/or microdiscectomy in future as well as the proposed epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal findings which identify specific nerve compromise are sufficient evidence to warrant imaging studies in those applicants who do not respond to conservative treatment and who would consider surgery were it offered to them. In this case, it is stated that the applicant has heightened radicular complaints with severe, 8 to 9/10 low back pain radiating to the right leg. The applicant is having difficulty with prolonged ambulation, it is stated. The applicant is considering both epidural steroid injection therapy and a possible discectomy-laminotomy. The applicant has evidence of a prior lumbar disk herniation with associated radiculopathy. Obtaining MRI imaging is indicated in this context for preoperative finding purposes and/or pre-epidural planning purposes. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.