

Case Number:	CM13-0043677		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2006
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 13, 2006. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a utilization review report of October 11, 2013, the claims administrator denied request for lumbar MRI imaging. Non-MTUS ODG Guidelines were sought. The claims administrator also referenced an earlier lumbar MRI of April 2008, in which there was evidence of a 4.2-mm disk herniation at L5-S1. The claims administrator did employ non-MTUS ODG Guidelines in its citation and did state that the applicant's attending provider was apparently requesting the MRI in question prior to consideration of the epidural steroid injection therapy. The applicant's attorney subsequently appealed the denial. An earlier handwritten note of December 5, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the left leg. Positive straight leg raising is noted with apparent hyposensorium also noted about the left leg. The applicant is asked to remain off of work, for an initial six weeks, while employing Robaxin and Lidoderm patches for pain relief. Multiple progress notes interspersed throughout 2013 are notable for comments that the applicant is 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:

LUMBAR SPINE MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296 & 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal findings which identify neurologic compromise are sufficient evidence to warrant imaging studies in applicants who do not respond to treatment and who would consider surgery an option. In this case, the applicant does have progressively worsening radicular complaints, is off of work, has corresponding hyposensorium and provocative testing on exam, and is reportedly considering epidural steroid injection therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-4, page 296, MRI imaging is indicated in individuals in whom nerve root compression with radiculopathy is severe and/or progressive. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.