MAXIMUS Federal Services

Case Number:	CM13-0048985		
Date Assigned:	12/27/2013	Date of Injury:	01/03/1998
Decision Date:	02/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 3, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; CT scanning of June 2006, notable for severe spinal stenosis at L4-L5 and right-sided foraminal stenosis at L5-S1; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; long and short acting opioids; and reported return to regular duty work. On September 23, 2013, it is stated that the applicant has had a persistent flare-up of low back pain. She is on Duragesic, Norco, Sulindac, Cymbalta, Lidoderm, and Prilosec. The applicant has chronic low back pain and previously electrodiagnostic established L5 lumbar radiculopathy. Medications are refilled. The applicant is asked to pursue acupuncture. She is having exacerbation of pain. Repeat lumbar MRI imaging is endorsed. The applicant has retuned to regular duty work. The applicant has markedly limited range of motion in all planes, is in moderate discomfort, and has 1+ right patellar reflex versus a 2+ left patella reflex. A later note of November 7, 2013 is notable for comments that the applicant is appealing the denial of her MRI. No significant changes are noted on exam. On an earlier note of September 17, 2013, however, it is stated that the applicant had a 0 to 1+ right patellar reflex and a 2+ left patellar reflex.

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.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, do acknowledge that MRI imaging is the test of choice for applicants with prior spine surgery, ACOEM also states that MRI imaging study should be considered in those applicants who did not respond to conservative treatment and who would consider surgical remedy were it offered to them. In this case, however, there is no clear-cut evidence that the applicant would in fact consider a surgical remedy were it offered to her. She apparently had a temporary flare-up of chronic pain. It does not appear that she would act on the results of the proposed lumbar MRI and/or would consider surgery were it offered to her. It is further noted that there is no seeming deterioration in the neurologic examination which would warrant lumbar MRI imaging. For all of these reasons, then, the request remains non-certified, on independent medical review.