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| Case Number: | CM13-0051376 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/01/1999 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 November 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an earlier cervical fusion surgery; lumbar MRI imaging of January 28, 2010, notable for multilevel degenerative changes and multilevel neural foraminal stenosis and spinal stenosis of uncertain clinical significance; a TENS unit; functional capacity testing; a 47% whole-person impairment rating; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a utilization review report of October 22, 2013, the claims administrator apparently denied a request for open MRI imaging of the cervical, thoracic, and lumbar spines. The applicant's attorney subsequently appealed. In an applicant questionnaire of September 2, 2013, the applicant acknowledges that she was, in fact, not working. In an October 2, 2013 progress note, the applicant presented with ongoing neck and low back pain, 4/10 to 5/10. The applicant is morbidly obese and apparently using a wheelchair to ambulate for convenience purposes. It is stated that the applicant could walk and was antalgic. 5-/5 left deltoid and biceps strength was noted with the remainder of the upper extremities scored at 5/5. 5/5 bilateral lower extremity strength was noted. The applicant is status post cervical fusion surgery and also carries a diagnosis of lumbar radiculopathy, it was stated. Open MRI imaging of the cervical, thoracic, and lumbar spines were sought, along with chiropractic manipulative therapy, a new TENS unit, and LidoPro cream. The applicant was asked to follow up in three months. The applicant was described as already permanent and stationary

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN MRI FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in applicants who do not respond to treatment and who would consider surgical remedy were it offered to them. In this case, however, while the applicant has reportedly had some sort of flare in pain as of October 2013, there is no clear evidence of neurologic compromise pertaining to the lower extremities. The applicant does exhibit normal 5/5 strength about the lower extremities and is able to walk without the wheelchair when asked to do so. It is further noted that the applicant was asked to pursue chiropractic manipulative therapy, suggesting that she would not, in fact, fail conservative treatment. Most importantly, there is no clear suggestion or insinuation that the applicant was in fact considering a surgical remedy as of the date of the request, in October 2013. Accordingly, the request is not medically necessary or appropriate.