

Case Number:	CM13-0066850		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2010
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 October 28, 2010. 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; various interventional spine procedures; and multiple provocative lumbar discogram procedures. In a Medical Legal Evaluation of December 7, 2012, the applicant is described as currently working modified duty at [REDACTED] as a tally clerk in [REDACTED]. On August 7, 2013, the applicant underwent lumbar radiofrequency neurotomy procedure. An August 28, 2013 progress note is notable for comments that the applicant remains off of work, on total temporary disability, as does a subsequent note of September 17, 2013. On October 15, 2013, the applicant is described as having severe, escalating back and groin pain. The applicant reportedly fell when his leg gave way against a chest of drawers. On October 30, 2013, it is stated that an L4-S1 lumbar fusion surgery is being sought. The applicant reports heightened low back pain radiating down the left leg with positive straight leg raising about the same. On November 5, 2013, the applicant is described as remaining quite symptomatic with low back and left leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 those applicants who do not respond to treatment and who would consider surgery an options were it offered to them. In this case, the applicant in fact has marked, progressively deteriorating complaints of low back pain radiating to the left leg, contrary to what was suggested by the claims administrator, associated with positive straight leg raising on exam. There was an episode when the applicant's leg gave way and the applicant fell, in mid to late 2013. It is stated that the applicant is a candidate for an L4 through S1 fusion. The applicant does have evidence of electrodiagnostically confirmed radiculopathy. MRI imaging for preoperative planning purposes is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.