

Case Number:	CM14-0006707		
Date Assigned:	06/13/2014	Date of Injury:	08/17/2009
Decision Date:	07/29/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 17, 2009. 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; epidural steroid injection therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated January 2, 2014, the claims administrator apparently denied a request for lumbar MRI (magnetic resonance imaging) imaging. The full text of the rationale and guidelines was not seemingly provided. The claims administrator stated that there was insufficient evidence of a lumbar radiculopathy to warrant MRI imaging. The ACOEM was cited, although the claims administrator did not incorporate the same into its rationale. In a December 3, 2013 progress note, the applicant presented with persistent complaints of low back pain. The applicant was described as a candidate for spine surgery. The applicant was having back pain and left leg pain with associated depression and difficulty sleeping, it was stated. Limited lumbar range of motion was noted. The applicant was placed off of work, on total temporary disability. The applicant was asked to pursue a surgical remedy and obtain a preoperative clearance. In a supplemental report dated November 4, 2013, the applicant's secondary treating provider stated that the applicant was a surgical candidate and requested preoperative lumbar MRI imaging. In a November 4, 2013 progress note, the applicant presented with persistent low back pain with neurogenic claudication symptoms and referred pain about the legs. The applicant had had two epidurals, it was stated. The applicant exhibited a hunch gait, limited range of motion, positive straight leg raising, and no focal motor deficits. Undated lumbar MRI imaging was notable for a broad-base disk protrusion at L4-L5 generating moderate central canal stenosis and associated nerve root impingement. A surgical remedy at L4-L5 was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar and/or sacral vertebrae (vertebra NOC trunk): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the attending provider has posited that the applicant is set to undergo decompressive surgery for spinal stenosis and that earlier lumbar MRI (magnetic resonance imaging) is outdated. The attending provider, thus, has apparently requested repeat lumbar MRI imaging for preoperative planning purposes. This is indicated, appropriate, and supported by the MTUS/ACOEM guidelines. Therefore, the request is medically necessary.