MAXIMUS Federal Services

Case Number:	CM14-0008108		
Date Assigned:	01/28/2014	Date of Injury:	03/07/2012
Decision Date:	02/04/2014	UR Denial Date:	01/09/2014
Priority:	Expedited	Application Received:	01/21/2014

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 is a [redacted], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; adjuvant medications; prior lumbar MRI imaging of April 20, 2012, apparently notable for an L4-L5 5-mm disk protrusion and associated protrusions at L3-L4, L5-S1, and L2-L3, with CT scanning recommended to rule out a possible sacral fracture; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review report of January 9, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney later appealed. A later progress note of December 12, 2013 is notable for comments that the applicant is intent on pursuing epidural steroid injection therapy. Persistent low back pain radiating into the legs, numbness and tingling, positive straight leg raising, and hypoesthesias are appreciated. The applicant remains off of work, on total temporary disability. An earlier note of October 31, 2013, is notable for comments that the applicant reports persistent low back pain with associated numbness and tingling about the legs. Epidural steroid injection therapy was again sought while the applicant remained off of work, on total temporary disability. Multiple progress notes interspersed throughout 2013, in which epidural injections were sought, are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT MRI of the lumbar spine at a 3 T machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, MRIs

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, MRI imaging is a test of choice for individuals who have had prior spine surgery. In this case, however, there is no indication or evidence that the applicant has had prior spine surgery. MRI imaging can also be endorsed if red-flag diagnoses such as fracture, tumor, infection, cauda equina syndrome, etc., are suspected, or if there is unequivocal evidence of neurologic compromise in an individual in whom spine surgery is being considered. In this case, however, there is no indication or evidence that the applicant is in fact considering spine surgery. The applicant is seemingly intent on pursuing epidural steroid injection therapy and will likely obtain said epidural injections, regardless of the results of the proposed MRI. For all of these reasons, then, the request is not certified.