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| Case Number: | CM14-0100367 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/30/2010 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; earlier cervical fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated June 23, 2014, the claims administrator denied a request for lumbar MRI imaging and a lumbar support while approving a request for lumbar spine x-rays. The applicant's attorney subsequently appealed. In a May 28, 2014, request for authorization letter, the applicant reported severe back and leg pain. The attending provider stated that the applicant had significant disc degeneration at L5-S1 with associated spondylolisthesis at the same level. It was stated that the applicant was scheduled for an L5-S1 decompression and fusion surgery at the level in question. The attending provider felt that the previous lumbar MRI, some 1-1/2 years old, was outdated and that updated MRI imaging was needed for preoperative planning purposes. A lumbar support was later sought through a June 3, 2014, request for authorization (RFA) form, without any associated rationale.

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.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Lumbar and Thoracic MRI's.

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 in Chapter 12, page 304, 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 in fact in the process of pursuing surgical intervention involving the lumbar spine. The attending provider has also suggested that earlier lumbar MRI imaging of 1-1/2 years prior is too outdated for preoperative planning purposes. A repeat lumbar MRI is therefore indicated. Accordingly, the request is medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter-Back Braces/Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was/is well outside of the acute phase of symptom relief following an industrial injury of September 30, 2010, as of the date the lumbar support was requested, on June 3, 2014. Introduction and/or ongoing usage of lumbar supports is not indicated in the chronic low back pain context present here, per ACOEM. Therefore, the request is not medically necessary.