

Case Number:	CM14-0014478		
Date Assigned:	02/21/2014	Date of Injury:	09/21/1999
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 21, 1999. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, reportedly negative electrodiagnostic testing of October 29, 2007, MRI imaging of October 1, 2007, notable for a 6-mm disk bulge at L4-L5 with associated multilevel bulges of uncertain clinical significance, multiple prior knee surgeries, a cane and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of January 24, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that the presentation was not consistent with radiculopathy. It is incidentally noted that the cited guidelines were not incorporated into the rationale section of the Utilization Review Report. The applicant's attorney subsequently appealed. A July 22, 2013 progress note is notable for comments that the applicant reported consistent multifocal 7/10 low back pain, leg pain, knee pain, neck pain, and headaches. The applicant was reportedly off of work, represented, and "disabled." Epidural steroid injection therapy was sought. The applicant was asked to continue a TENS unit and/or spinal cord stimulator. A variety of medications were renewed, including Restoril, Cymbalta, Norco, Naprosyn, Voltaren gel, OxyContin, and Neurontin. Topical compounded drug was also sought. On October 23, 2013, the attending provider sought authorization for a new MRI of the lumbar spine. The applicant was reportedly having exacerbation of low back pain. The applicant was placed off of work, on total temporary disability. The applicant was scored as having 5/5 bilateral lower extremity strength. It was stated that the applicant was also in the process of consulting a spine specialist to consider epidural steroid injection therapy. In a later note dated January 15, 2014, the applicant was described as reporting persistent low back pain radiating to

the right leg, 8/10. The applicant was apparently using a cane owing to her knee complaints, it is stated. 4+ to 5/5 right lower extremity strength was noted versus 5/5 left lower extremity strength. MRI imaging was sought. It was stated that the applicant was in the process of obtaining epidural steroid injection therapy. It was not stated how the outcome of the MRI in question would alter the treatment plan here.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: As noted in the California 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 applicant has longstanding issues with chronic low back pain and lumbar radiculopathy. The applicant is apparently in the process of pursuing epidural steroid injection therapy, regardless of the outcome of the MRI in question. There was no mention that the applicant was actively considering lumbar spine surgery. There was no evidence that the applicant had red-flag diagnoses which would prompt more urgent MRI imaging such as cauda equina syndrome, fracture, tumor, infection, etc. At no point in time did the attending provider state how the MRI study in question would influence the treatment plan. At no point in time did the attending provider state that the applicant was actively considering or contemplating lumbar spine surgery. Therefore, the request is not medically necessary.