

Case Number:	CM14-0153531		
Date Assigned:	09/29/2014	Date of Injury:	09/07/2011
Decision Date:	11/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/19/2014

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 low back pain reportedly associated with an industrial injury of September 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; two prior lumbar laminectomy procedures; and unspecified amounts of physical therapy over the course of the claim. In two separate Utilization Review Reports dated August 14, 2014, the claims administrator denied a request for a lumbar MRI and urinary incontinence evaluation. The claims administrator invoked non-MTUS ODG Guidelines to deny the urinary incontinence evaluation, despite the fact that the MTUS addresses the topic. Somewhat incongruously, the claims administrator then stated in its summary decision that it was basing its decision on ACOEM Guidelines. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the leg. The applicant had had two prior lumbar spine surgeries, it was noted. 5/10 pain radiating into left leg with associated weakness was noted. The attending provider scored the applicant's lower extremity strength as 5/5. Some hyposensorium was noted about the left leg in the inguinal region. It was stated that lumbar MRI imaging was pending. The applicant was asked to employ Nucynta, Flexeril, and Duexis for pain relief. The attending provider acknowledged that the applicant was not currently working. An updated lumbar MRI was sought to evaluate for disk herniation, spinal instability, fracture, malignancy, or spinal stenosis. In a Request for Authorization (RFA) form dated August 1, 2014, the attending provider suggested that the applicant undergo a lumbar MRI, a urinary incontinence evaluation, a pain management evaluation, and a physical therapy evaluation. Supporting information and/or supporting rationale were not attached. In an April 16, 2014

progress note, the applicant reported issues with depression, financial stressors, and familial issues. A urine drug screen was performed which was positive for marijuana and PCP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinary Incontinence Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the applicant's issues with urinary incontinence (if any) were not described, detailed, and/or characterized on the August 1, 2014 RFA form and August 7, 2014 progress note, referenced above. The attending provider did not clearly state whether or not the applicant was personally experiencing symptoms of urinary incontinence or whether he was simply ordering the evaluation in an effort to determine whether the applicant might or might not have such symptoms. Again, the August 7, 2014 progress note contained no reference to issues with urinary incontinence. The August 12, 2014 RFA form did not specifically state that the applicant was having issues with urinary incontinence and, if so, what the duration or extent of these issues were. Therefore, the request is not medically necessary.

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, MRIs (Magnetic Resonance Imaging)

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, however, the attending provider wrote on August 7, 2014 that he was simply seeking an "updated lumbar MRI." The attending provider did not explicitly state that the applicant was intent on acting on the results of the same and/or was intent on considering further surgery involving the lumbar spine. Therefore, the request is not medically necessary.

