

Case Number:	CM14-0166090		
Date Assigned:	10/13/2014	Date of Injury:	12/28/2010
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 December 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator stated that the applicant had received manipulative therapy, physical therapy, and an epidural steroid injection. The claims administrator stated that it was employing non-MTUS Third Edition ACOEM Guidelines to base its decision but did not incorporate said guidelines into its rationale, nor did the claims administrator provide the text of the non-MTUS Third Edition ACOEM Guidelines cited at the bottom of the report. The applicant's attorney subsequently appealed. In a urology note dated August 12, 2014, the applicant was asked to continue using Stendra for erectile dysfunction. In a July 28, 2000 progress note, the applicant reported persistent complaints of 5/10 low back pain radiating into the left leg. The applicant was described as having been terminated by his former employer. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant was asked to follow up with urology. Topical compounds were endorsed, along with prescriptions for Zanaflex, Tramadol, Naproxen, Prilosec, Neurontin, and Atarax. On April 29, 2014, the applicant was again described as off of work, on total temporary disability with persistent complaints. Low back pain radiating into left lower extremity were appreciated. The applicant was apparently using a cane from time to time, it was further noted. 4-5/5 left lower extremity strength was noted versus 5/5 right lower extremity strength. The applicant apparently had a positive straight leg raise. MRI imaging of lumbar spine was sought. It was stated that the

applicant might or might not be a surgical candidate, depending on the results of the MRI imaging in question. The attending provider noted that the applicant had had prior MRI imaging some three years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR: Overturned

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

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 has worsening low back and left lower extremity radicular complaints. The attending provider has stated that the applicant would act on the results of the lumbar MRI in question and/or consider a surgical remedy were it offered. MRI imaging is, thus, indicated in the clinical context present here. Therefore, the request is medically necessary.