

Case Number:	CM14-0182330		
Date Assigned:	11/07/2014	Date of Injury:	11/20/2011
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 injured worker is a represented employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 20, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for lumbar MRI imaging. The injured worker's attorney subsequently appealed. In a progress note dated September 18, 2014, the injured worker was placed off of work, on total temporary disability, reporting a flare of low back pain, 8 to 9/10. The injured worker stated that low back pain was radiating to the right leg with visibly antalgic gait and positive straight leg raising were appreciated on exam with painful range of motion also noted. Lumbar MRI imaging, pain management consultation to consider epidural steroid injection, Percocet, and Motrin were endorsed. The injured worker was kept off of work, on total temporary disability. In an earlier handwritten note date September 4, 2014, the attending provider again stated that he was requesting an MRI of the lumbar spine. Electrical stimulator of some kind was sought. A 9 to 10/10 pain was noted. A Toradol injection was apparently performed. The injured worker was apparently returned to regular duty work on this occasion. Both a back brace and lumbar MRI were sought. In a handwritten note dated October 16, 2014, the injured worker reported ongoing complaints of low back pain radiating to the left leg. The injured worker underwent lumbar MRI on October 3, 2014, which was notable for multilevel disk bulges at L4-L5 and L5-S1 in 2 to 3 mm range. The injured worker was asked to consult pain management physician to consider epidural steroid therapy. The injured worker was returned to regular duty work. The note was apparently difficult to follow.

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: Upheld

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. Here, there was no mention of the injured worker's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date of the request. It was not stated how the proposed lumbar MRI would influence the treatment plan. The MRI was performed and only revealed low grade disk bulges of uncertain clinical significance. The injured worker was asked to consult a pain management physician as opposed to a spine surgeon. Thus, there was no statement noted prior to MRI to the effect that the injured worker was considering any kind of surgical intervention involving lumbar spine, nor did the injured worker act on the result of the lumbar spine and/or consider surgical intervention following completion of same. Therefore, the request was not medically necessary.