MAXIMUS Federal Services

Case Number:	CM14-0033942		
Date Assigned:	06/20/2014	Date of Injury:	07/14/1998
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 1998. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and a walker. In a Utilization Review report dated March 4, 2014, the claims administrator denied a request for a lumbar MRI (magnetic resonance imaging). The claims administrator's rationale appeared to be based largely on cited guidelines and did not incorporate much in the way of applicant-specific information. The applicant's attorney subsequently appealed.A February 24, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain with associated falling. The applicant stated that he had not had any current diagnostic workup over the past eight years. The applicant was apparently using a cane but was so worried about falling that he was requesting a walker. The applicant was 75-year old, had a body mass index (BMI) of 32, appeared to be uncomfortable, and exhibited diminished sensorium about the right leg with seemingly well-preserved motor strength in the left lower extremity, it was suggested. The applicant did exhibit a limp and had difficulty transferring, it was suggested. Lumbar MRI imaging was sought to evaluate possible nerve compression. A walker was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary, updated 02/13/2014, indications for 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, 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 apparently is exhibiting signs and symptoms of neurologic compression/spinal stenosis. The applicant is an elderly individual (aged 75). The applicant is reportedly falling and does have some evidence of hypo-sensorium appreciated about the legs. All of the above, taken together, suggests that the applicant may, in fact, be a candidate for lumbar decompressive surgery for spinal stenosis. Therefore, the request is medically necessary.