

Case Number:	CM14-0034307		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2001
Decision Date:	07/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 chronic low back pain reportedly associated with cumulative trauma at work between the dates of August 11, 2001 through September 11, 2001. 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 unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that the applicant did not appear to be a surgical candidate. The applicant's attorney subsequently appealed. In a progress note of March 6, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. It was stated that the applicant had not worked since the date of injury. The applicant was having issues with TMJ for which she was seeing a dentist, and was concurrently receiving chiropractic manipulative therapy, it was stated. The applicant exhibited an antalgic gait with reportedly symmetric reflexes. Muscle strength scored a 4/5 throughout the upper and lower extremities with normal muscle bulk and tone noted. The applicant had a BMI of 24. It was stated at the bottom of the report that the applicant had sensory deficits about the L4-L5 dermatome. Lumbar MRI imaging and x-ray imaging were sought, as a precursor to a trial of potential epidural steroid injection therapy, it was stated. In a later note of May 8, 2014, the attending provider complained that the applicant had been denied epidural steroid injection therapy, electrodiagnostic testing, and MRI imaging.

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: Overturned

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

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 applicants in whom surgery is being considered and/or red flag diagnoses are being evaluated. In this case, the applicant has active radicular complaints and radicular signs suggestive of an active lumbar radiculopathy. The attending provider has posited that the results of lumbar MRI imaging may influence his decision as to whether or not to pursue epidural steroid injection therapy or other invasive procedure. A precursor MRI imaging is indicated to further delineate and evaluate the extent of the applicant's radicular complaints and determine what other treatments may be afforded to the applicant here. Therefore, the request is medically necessary.