

Case Number:	CM14-0036523		
Date Assigned:	06/25/2014	Date of Injury:	11/22/2004
Decision Date:	09/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 November 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and at least one prior lumbar epidural steroid injection on October 28, 2013. In a utilization review report dated March 19, 2014, the claims administrator denied a request for lumbar MRI imaging, incidentally noting the applicant had had lumbar MRI imaging of January 2005 which demonstrated a large 6-mm disk protrusion at L5-S1 with associated impingement along the S1 nerve root. The claims administrator cited ACOEM Chapter 12, page 303 in the body of its report and then cited ACOEM Chapter 12, page 308 at the bottom of its report, it is incidentally noted. In a March 5, 2014 progress note, the applicant reported persistent complaints of low back pain status post two prior epidural steroid injections. The applicant stated that these injections provided minimal relief and that he was therefore interested in having surgery. The applicant was off of work but had exhausted all of his worker's compensation indemnity benefits, it was stated. Highly variable 5 to 9/10 low back pain was appreciated, with associated lower extremity numbness and urinary incontinence, it was stated. The applicant's medications included Norco and several topical compounds. The applicant exhibited an antalgic gait and had difficulty squatting. Diminished sensorium was noted about the right leg. Lumbar MRI imaging, electrodiagnostic testing, and a handicap permit were 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 lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 study should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant is, in fact, actively considering lumbar spine surgery, the attending provider has posited. The applicant has signs and symptoms of an active lumbar radiculopathy, and, moreover, had earlier lumbar MRI imaging in 2005 which did establish the presence of a large disc herniation at L5-S1. This is, however, likely too old for preoperative finding purposes. A new imaging study is needed as the applicant is reportedly in the process of considering surgery at this time. Therefore, the request is medically necessary.