MAXIMUS Federal Services

Case Number:	CM14-0041206		
Date Assigned:	06/27/2014	Date of Injury:	06/24/2009
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 June 24, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier lumbar laminectomy surgery in December 2013.In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for lumbar MRI imaging, stating the applicant would be better served doing aggressive physical therapy.Non-ODG Guidelines, AHCPR Guidelines, and ACOEM Guidelines were cited, although they did not appear to have been incorporated into the decision rationale.The applicant's attorney subsequently appealed.In a progress note dated April 11, 2014, the applicant was described as totally disabled. The applicant had not worked since January 2012, it was noted, and was on Motrin and Elavil for pain relief. The applicant reported persistent complaints of low back pain radiating into the left leg with some numbness about the digits. The applicant did exhibit a normal gait. The applicant had earlier electrodiagnostic testing in November 2012 which was suggestive of radiculopathy, it was noted. On this occasion, the applicant did exhibit normal bulk, tone, and power. Elavil and physical therapy were sought. Retrospective authorization was sought for electrodiagnostic testing. The attending provider stated that additional physical therapy could be beneficial here.On February 26, 2014, the applicant presented with persistent complaints of low back pain radiating to the right leg. The applicant did state that he appeared to have improved following earlier spine surgery. The applicant exhibited 5/5 lower extremity strength and normal lower extremity sensorium. The attending provider stated that the applicant pursue aggressive physical therapy and an MRI of the lumbar spine with and without contrast. The attending provider stated that the applicant might need a fusion surgery in future owing to degenerative changes. It was not stated

whether or not this need for fusion was eminent. The attending provider stated that it was unclear whether these issues could be corrected nonoperatively or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, pages 309; 304.

Decision rationale: The request for MRI imaging of the lumbar spine is not medically necessary, medically appropriate, or indicated here. While the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309 recommend MRI imaging as the test of choice for applicants have had prior back surgery, ACOEM qualifies the recommendation on page 304 by noting that imaging studies should be reserved for cases in which surgery is being considered or ref-flag diagnoses are being evaluated. In this case, the applicant is not eminently planning to obtain or pursue lumbar spine surgery. Additional physical therapy was ordered both on office visit of April 11, 2014 and on the office visit on which the MRI was also sought, February 26, 2014. The applicant was described as having responded favorably to the prior surgery of December 2013, postoperative physical therapy, and Elavil. It does not appear, thus, that the applicant is actively considering or contemplating further lumbar spine surgery. Therefore, the request for lumbar MRI imaging is not medically necessary.