MAXIMUS Federal Services

Case Number:	CM14-0044576		
Date Assigned:	07/02/2014	Date of Injury:	04/12/2012
Decision Date:	08/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 and mid back pain reportedly associated with an industrial injury of April 12, 2012. The applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture; an earlier lumbar imaging of June 1, 2012, read as essentially unremarkable with evidence only of a low-grade disk bulge at L2-L3 without significant associated stenosis.In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for lumbar and thoracic magnetic resonance imaging (MRI) imaging. The claims administrator stated on denial of lumbar MRI imaging that the applicant had no focal neurologic findings and no Electromyography (EMG). It did not appear, thus, that the claim administrator reviewed recent progress notes or the recent electrodiagnostic testing. The applicant's attorney subsequently appealed. In a handwritten note of June 11, 2013, the applicant was apparently returned to regular work. Functional capacity testing was nevertheless sought, somewhat incongruously, on the same date. Electrodiagnostic testing of November 8, 2013 was interpreted as demonstrating evidence of a left L5 radiculopathy. On December 3, 2013, authorization was sought for an L5-S1 epidural injection. The applicant had reportedly completed 24 sessions of manipulative therapy with only minimal benefit. Persistent mid and low back pain were noted. Reduced sensorium is noted about the left lower extremity. Diminished lumbar range of motion was also appreciated. Multiple notes interspersed throughout 2013 were notable for comments that the attending provider was intent on pursuing an epidural steroid injection. Thoracic MRI imaging of January 24, 2014 was notable for mild degenerative disease with low-grade disk bulge noted at T7-T8 and T8-T9 in the 2-mm range. Lumbar MRI imaging of January 24, 2014 was notable for slight annular bulging at L4-L5 without nerve root impingement. Minimal disk

bulging was noted at L2-L3 of 3 mm. It appears that the MRI studies in question were sought via a request for authorization form dated January 13, 2014, in which the applicant was again described as reporting persistent mid and low back pain with associated numbness and tingling. The applicant was having a hard time doing activities of daily living at home. Reduced sensorium was noted about the left lower extremity, with tenderness noted about the lumbar paraspinal musculature. LidoPro, topiramate, and Naprosyn were endorsed. The applicant's work status was not furnished on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted ACOEM Guidelines in Chapter 12, page 303, further physiologic evidence of nerve dysfunction should be obtained before obtaining an imaging study. In this case, the applicant had had earlier electrodiagnostic testing in December 2013 which was positive for radiculopathy before lumbar MRI imaging was being sought. The attending provider apparently was seeking lumbar magnetic resonance imaging (MRI) imaging upon reviewing the results of positive electrodiagnostic testing. The applicant, contrary to what was suggested by the claims administrator, did have persistent complaints of low back pain radiating to left leg with paresthesias and dysesthesias noted about the left leg on exam. The MRI study in question was being sought as a precursor to pursuit of lumbar epidural steroid injection therapy. Therefore, the request was medically necessary, for all of the stated reasons.

THORACIC MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 8, Table 8-8, page 182 do recommend magnetic resonance imaging (MRI) or computerized tomography (CT scan) imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the bulk of the applicant's symptoms were seemingly localized to the lumbar spine, not the thoracic spine. The applicant had had electrodiagnostic testing suggestive of a

lumbar radiculopathy. There was no electrodiagnostic evidence of a thoracic radiculopathy. The attending provider stated that she was intent on pursuing lumbar epidural steroid injection therapy. There was no mention of thoracic epidural injections being considered or contemplated. Finally, the thoracic MRI in question was ultimately performed in January 2014 and was essentially negative, showing only low-grade disk bulges of uncertain clinical significance. Therefore, the request was not medically necessary.