

Case Number:	CM14-0057367		
Date Assigned:	07/09/2014	Date of Injury:	11/09/2009
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 9, 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, per the claims administrator, earlier lumbar MRI imaging of March 11, 2013, notable for disk bulge at L5-S1 with stenosis at L4-L5 and L3-L4. In a utilization review report dated April 14, 2014, the claims administrator denied a request for lumbar MRI imaging, reportedly citing 2009 ACOEM Guidelines, which he had mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant was described as having persistent complaints of low back pain radiating to the left lower extremity, reportedly associated with a traumatic motor vehicle accident. The applicant was on BuTrans patch. The applicant's problem list included chronic pain syndrome, depression, reflux, insomnia, myofascial pain syndrome, opioid tolerance, and osteoarthritis. The applicant is status post shoulder surgery and cervical fusion surgery. The applicant was on Prevacid, Neurontin, Robaxin, BuTrans and Relafen, it was acknowledged. The applicant did exhibit dysesthesias about the left leg. Multiple medications were refilled. On April 2, 2014, the applicant presented with persistent complaints of low back pain radiating to the left leg. The applicant was apparently in the process of trying to detoxify off of opioids, apparently using BuTrans. The applicant exhibited normal gait with normal heel and toe ambulation. Normal power and reflexes were noted about the upper and lower extremities. Sensorium was intact. Repeat lumbar MRI imaging was endorsed

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304.

Decision rationale: As noted in the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the provided progress notes made no mention that the applicant is actively considering or contemplating any kind of surgical remedy involving the lumbar spine. It was not stated that the applicant would act on the results of the lumbar MRI and/or consider a surgical remedy were it offered to him. Therefore, the request for an outpatient MRI of the lumbar spine is not medically necessary or appropriate.