MAXIMUS Federal Services

Case Number:	CM14-0061987		
Date Assigned:	07/09/2014	Date of Injury:	01/20/1990
Decision Date:	11/21/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 January 20, 1990.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 9, 2014, the claims administrator failed to approve a request for an MRI of the lumbar spine. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was no longer working as a heavy equipment mechanic, it was acknowledged. The applicant could only stand for short amounts of time. The applicant was using a scooter at grocery stores, it was acknowledged. 4/5 lower extremity strength was appreciated versus 5/5 upper extremity strength. Positive straight leg raising was noted with diminished lumbar range of motion noted in all planes. The attending provider stated that the applicant's motor function about the lower extremities was "reduced." It was stated that the applicant desired epidural steroid injection therapy. It was stated that the applicant could barely walk. Lumbar MRI imaging was ordered to further evaluate. Norco, Flector, Lidoderm, Prilosec, Neurontin, a TENS unit, and an electric scooter were sought. The applicant was reportedly 68 years old as of the date of the request.

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.

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, Table 12-7, page 304, MRI imaging scored a 3/4 in its ability to identify and define suspected spinal stenosis, as appears to be present here. The applicant is having ongoing complaints of low back pain radiating to the lower extremities. The applicant is having difficulty walking, suggesting the presence of neurogenic claudication evocative of spinal stenosis, given the applicant's age (68). The attending provider has indicated that the applicant would act on the results of the proposed lumbar MRI and/or consider epidural steroid injection therapy based on the outcome of the same. Therefore, the request is medically necessary.