MAXIMUS Federal Services

Case Number:	CM14-0066433		
Date Assigned:	07/11/2014	Date of Injury:	07/21/2010
Decision Date:	09/18/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 cumulative trauma at work first claimed on July 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the lumbar spine of September 9, 2010, which is apparently notable for a 4-mm disk protrusion at L4-L5, per the claims administrator; and electrodiagnostic testing of the lumbar spine and bilateral lower extremities of April 13, 2012, notable for a mild L5-S1 radiculopathy. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS ODG Guidelines in conjunction with MTUS Guidelines. In an April 20, 2012 medical-legal evaluation, it was acknowledged that the applicant was no longer working and had last worked in January 2012. MRI imaging of lumbar spine of February 2, 2012 was notable for a 4-mm right paracentral disk protrusion resulting in abutment and displacement of the descending right L5 nerve root with mild central canal stenosis. On April 11, 2012, authorization was sought for a lumbar microdiscectomy procedure. On January 20, 2014, the applicant presented with persistent complaints of low back pain radiating into the right leg, 3/10. The applicant was on Soma and Vicodin. 4/5 strength was noted on manual muscle testing about the lower extremities with tenderness about the paraspinal musculature. Lumbar MRI imaging was sought to further evaluate the applicant's low back, buttock, and leg pain.

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 w/o dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, the applicant does have a clinically-evident, radiographically-confirmed lumbar radiculopathy. The applicant was, at one point, actively considering lumbar spine surgery in 2012. It appears that the attending provider is intent on pursuing a microdiscectomy procedure. The earlier lumbar MRI of 2012 was likely too old for preoperative finding purposes. Repeat lumbar MRI imaging is therefore indicated. Accordingly, the request is medically necessary.