

Case Number:	CM14-0076436		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2011
Decision Date:	10/02/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 July 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple prior lumbar spine surgeries; transfer of care to and from various providers in various specialties; opioid therapy; and adjuvant medications. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS ODG Guidelines, in large part. Despite the fact that the applicant was several years removed from the date of injury, the claims administrator stated that there was no evidence that the applicant had failed conservative treatment. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant reported persistent complaints of low back pain, ranging from 8-9/10 with associated radiation of pain to the right leg. The attending provider posited that earlier epidural steroid injection therapy had proven unsuccessful. Oxycodone, Elavil, Neurontin, and Tramadol were being employed, it was stated. Multiple medications were refilled. The applicant was asked to obtain an MRI imaging of lumbar spine without contrast on the grounds that the applicant's radiculopathy had been steadily worsening over the past several months. The applicant did exhibit a slow and antalgic gait with positive straight leg raising and dysesthesia about the legs noted on exam. A neurosurgery consultation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Online Edition Chapter: Low Back- Lumbar & Thoracic MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, PAGE 309.

Decision rationale: Yes, the request for a lumbar MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, lumbar MRI imaging is "recommended" as a test of choice for applicants who have had prior spine surgery. In this case, the applicant has, in fact, had prior spine surgery. The applicant is, furthermore, seemingly considering further spine surgery. The applicant has progressively worsening radicular complaints which have proven recalcitrant to time, medications, and epidural steroid injection therapy. Obtaining MRI imaging as a precursor to neurosurgical evaluation, as is being sought here, is indicated. Therefore, the request is medically necessary.