

Case Number:	CM14-0080924		
Date Assigned:	07/18/2014	Date of Injury:	03/04/1997
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 March 4, 1997. 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; earlier cervical laminectomy; earlier lumbar laminectomy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant was described as having persistent complaints of low back pain radiating to leg. The applicant had reportedly severe and disabling axial and radicular pain, it was stated. Positive straight leg raising was noted. It was stated the applicant had failed effusion surgery and was a candidate for spinal cord stimulator. BuTrans, Flector, Neurontin, and Norco were prescribed. In an appeal letter dated June 24, 2014, the applicant's primary treating provider stated that the applicant had persistent complaints of low back pain status post multiple lumbar fusion surgeries. The applicant had a diagnosis of failed back syndrome, it was stated. The applicant was not improving, the attending provider posited. The attending provider suggested that the applicant's low back pain issues were deteriorating further. It was not stated whether or not the applicant would act on the results of the MRI in question and/or consider a surgical remedy. On April 30, 2014, the applicant received trigger point injections for myofascial pain and was described as "100% disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Magnetic Resonance Imaging (MRI): Upheld

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, 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, table 12-8, page 309 does "recommend" MRI imaging as a test of choice for applicants who have had prior back surgery, ACOEM qualifies the recommendation by noting on page 304 that imaging study should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant's primary treating provider did not clearly state, suggest, or imply that the applicant would consider further lumbar spine surgery. It was not stated how the lumbar MRI imaging in question would alter the treatment plan. It is further noted that the applicant's secondary treating provider apparently chose to pursue spinal cord stimulator because the applicant was not a candidate for further spine surgery. For all the stated reasons, then, the request is not medically necessary.