

Case Number:	CM14-0092105		
Date Assigned:	08/01/2014	Date of Injury:	05/31/2006
Decision Date:	09/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 May 31, 2006. 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 left and right carpal tunnel release surgery; earlier lumbar spine surgery in 2009, psychotropic medication; and epidural steroid injection therapy; and subsequent implantation of spinal cord stimulator. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. On a November 15, 2013, the applicant presented with issues associated with low back pain and carpal tunnel syndrome. The applicant was using Soma, Motrin, Lidoderm, morphine, Vicoprofen, senna, Prevacid, estazolam, BuSpar, Wellbutrin, and Xanax, was noted at that point in time. The applicant had comorbid diabetes, it was further acknowledged. The applicant has pursued an epidural steroid injection for his low back pain issues, it was further noted. On April 25, 2014, the applicant presented with persistent complaints of low back pain radiating into the right leg. The applicant was using a walker to move about, as stated. The applicant stated that he was happy with the outcome of the carpal tunnel release surgeries. The applicant was having issues with the trigger thumb, however, it was acknowledged. The applicant was obese, with a BMI of 31 and a height of 5 feet 4 inches. The applicant exhibited a poor gait balance. The applicant has pursued a trigger finger release surgery. MRI imaging of the lumbar spine was sought. On April 2, 2014, the applicant was described as having persistent complaints of low back and leg pain. The applicant had lower extremity strength ranges from 5-/5 to 5/5. The applicant was off of work, it was acknowledged. Decreased sensorium was noted about the legs. Lumbar

discography was sought. The attending provider stated that he was concerned about decreased sensorium about the legs, a hypoactive left ankle reflex, and positive straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, table 12-8, page 309, MRI imaging is "recommended" as a test of choice for applicants who had prior back surgery. In this case, the applicant has, in fact, had prior back surgery. The applicant does appear to have worsening lumbar radicular symptomatology and signs, it has been suggested on several occasions as referenced above, and may, in fact, consider further spine surgery based on the outcome of the same, pursuing lumbar MRI imaging is therefore indicated. Accordingly, the request is medically necessary.