

Case Number:	CM14-0171598		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2012
Decision Date:	05/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37-year-old who has filed a claim for chronic low back, hand, neck, and shoulder pain reportedly associated with an industrial injury of September 24, 2012. In a Utilization Review report dated October 17, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. An RFA form received on October 8, 2014 was referenced in the determination, along with a progress note dated September 25, 2014. The applicant's attorney subsequently appealed, noting that he believed that the claims administrator had denied the request in an untimely manner. On September 25, 2014, the applicant reported ongoing complaints of hand, neck, shoulder, low back, and bilateral leg pain, 8/10. Standing and walking was somewhat problematic. The applicant was on Norco, Elavil, tizanidine, Motrin, and Prilosec, it was acknowledged. The applicant was asked to remain off of work, on total temporary disability. Painful range of motion about the lumbar spine was appreciated on exam with hyposensorium noted about the right leg. MRI imaging of the lumbar spine, CT imaging of the lumbar spine, and electrodiagnostic testing of bilateral lower extremities were endorsed while the applicant was placed off of work. The requesting provider stated that he needed to determine the extent of the applicant's nerve root compromise about the lower extremities. The attending provider referenced x-ray imaging performed in the clinic which he believed was suggestive of significant anterolisthesis and severe compression at L4 through S1. The requesting provider did appear to be an orthopedic spine surgeon. Historical progress notes suggested that the applicant had previously had shoulder surgery.

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, without contrast, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Yes, the request for MRI imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The applicant's presentation was suggestive of nerve root compromise about the lower extremities, it was further noted. Earlier plain film studies were also suggestive of nerve root compromise. The requesting provider did seemingly suggest that the applicant was intent on acting on the results of the study in question. Therefore, the request is medically necessary.