

Case Number:	CM14-0178382		
Date Assigned:	10/31/2014	Date of Injury:	05/23/2000
Decision Date:	01/16/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 May 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator alluded to a September 18, 2014 progress note in its denial. The claims administrator stated that MRI imaging was needed to evaluate the integrity of the applicant's fusion. The claims administrator also suggested that the applicant was not working. The applicant's attorney subsequently appealed. In a September 18, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had had an exacerbation over the last month without any specific precipitating event. The applicant exhibited limited lumbar range of motion. The attending provider expressed some concern about additional structural changes associated with the effusion. 10 sessions of physical therapy were also endorsed. The applicant's medications included Norco, Ambien, Lidoderm, Benicar, Wellbutrin, Effexor, and estrogen. The applicant was permanent and stationary and was not working, it was stated. The requesting provider was a pain management physician/anesthesiologist, it was stated.

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): 304. Decision based on Non-MTUS Citation ODG, 12th Edition, Low Back

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

Decision rationale: 1. Yes, the proposed lumbar MRI imaging is medically necessary, medically appropriate, and indicated here. 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 have had prior back surgery. Here, the requesting provider has expressed some concerns about the integrity of the lumbar fusion and associated indwelling hardware. The requesting provider has posited that he believes that the applicant's present flare and/or worsening of low back pain complaints may represent some issues with the indwelling fusion hardware. Obtaining MRI imaging to determine the presence or absence of the same is, thus, indicated. Therefore, the request is medically necessary.