

Case Number:	CM14-0196099		
Date Assigned:	12/04/2014	Date of Injury:	07/31/2012
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 neck, mid back pain, and low back pain reportedly associated with an industrial injury of July 31, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator stated that its decision was based on an RFA form received on November 12, 2014. The applicant's attorney subsequently appealed. In a case management note dated November 22, 2014, the case manager acknowledged that the applicant was off of work, on total temporary disability. In a November 14, 2014 progress note, the applicant reported 7/10 low back pain radiating to the right leg. The applicant was on Norco, Motrin, Neurontin, Wellbutrin, Klonopin, Cialis, Pamelor, and prazosin, it was noted. The applicant exhibited an antalgic gait on lower extremity neurology exam. A 5/5 lower extremity strength was appreciated with hyposensorium noted about the right leg. An earlier lumbar MRI in November 17, 2013, revealed severe right-sided L5 neuroforaminal stenosis, which the attending provider posited was the source of the applicant's ongoing back and leg pain. The attending provider suggested that the applicant undergo an L5-S1 lumbar fusion surgery. Authorization was sought for a lumbar support. In an RFA form dated November 12, 2014, the attending provider stated that the applicant needed to undergo preoperative MRI as part of planning for already-approved lumbar spine 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-pre-op: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Title 8 California code of regulations Official Disability Guidelines

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant is, in fact, actively considering and/or contemplating surgical intervention involving the lumbar spine. The applicant's spine surgeon stated that he intended to employ the proposed lumbar MRI for preoperative planning purposes. Earlier MRI imaging in 2013 was apparently too dated for such preoperative planning purposes. Therefore, the proposed lumbar MRI is medically necessary.