

Case Number:	CM14-0200851		
Date Assigned:	12/11/2014	Date of Injury:	10/22/2012
Decision Date:	01/30/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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, mid back pain, and forearm pain reportedly associated with an industrial injury of October 22, 2012. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for lumbar MRI imaging. An October 3, 2014 progress note was referenced. The claims administrator did allude to the applicant's having had two prior lumbar spine surgeries in February 2013 and February 2014, respectively. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported ongoing complaints of low back pain, radiating into left leg, 7/10, with associated numbness, tingling, paresthesias. The applicant was reportedly self-employed on a part-time basis as a carpenter, it was stated. Walking was problematic, it was acknowledged. Negative straight leg raise testing was appreciated. 5-/5 to 5/5 left lower extremity strength was noted versus 5/5 right lower extremity strength. The applicant did exhibit symmetric reflexes. The attending provider stated that the applicant had persistent numbness. The applicant was returned to regular duty part-time work. The attending provider stated that the applicant needed MRI imaging to determine the need for revision surgery here. In an earlier note dated July 23, 2014, the applicant did present with persistent complaints of low back pain radiating into left leg. Numbness about the left leg was appreciated. On June 9, 2014, one of the applicant's prior treating provider stated that the applicant had issues with weakness about the left lower extremity and a slight limp. The applicant was reportedly having issues with bowel incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery. In this case, the requesting provider is an orthopedic spine surgeon, implying that the applicant would, in fact, consider surgical intervention based on the outcome of the study in question. The applicant was described on several office visits, referenced above, as exhibiting issues with left lower extremity weakness, left lower extremity numbness, and, one occasion, bowel incontinence. Obtaining MRI imaging to determine the applicant's candidacy for further spine surgery is indicated here. Therefore, the request is medically necessary.