

Case Number:	CM14-0201852		
Date Assigned:	12/12/2014	Date of Injury:	05/24/2013
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 low back pain reportedly associated with an industrial injury of May 24, 2013. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a November 3, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a June 4, 2014 progress note, the applicant reported persistent complaints of low back pain reportedly associated with an industrial lifting injury. The applicant had received a recent epidural steroid injection, it was suggested. The applicant's medication list included Norco, Lidoderm, Voltaren, and viscous lidocaine. The applicant exhibited negative straight leg raising with hypersensorium noted about the left L5 distribution. The applicant exhibited visibly antalgic gait. The applicant reportedly had electrodiagnostically confirmed left L5 lumbar radiculopathy. The applicant was given multiple trigger point injections and was placed off of work, on total temporary disability. On July 2, 2014, the applicant was again placed off of work, on total temporary disability, noting highly variable 3-9/10 low back pain. The applicant exhibited hyposensorium about the left L5 distribution. The applicant was, once again, placed off of work, on total temporary disability. On September 3, 2014, the applicant reported persistent complaints of low back pain radiating to the legs. The applicant was using Norco and lidocaine. 5/5 lower extremity strength was appreciated. The attending provider stated that the applicant's symptoms of low back and/or lower extremity radicular pain were becoming more severe over time. The applicant was placed off of work, on total temporary disability. The attending provider alluded to earlier lumbar MRI demonstrating severe degenerative disk disease at L3-L4, L2-L3, and L1-L2. New MRI studies of the lumbar and thoracic spines were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

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

Decision rationale: 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. In this case, the applicant already seemingly carries a diagnosis of an established lumbar radiculopathy, both radiographically and electrodiagnostically confirmed. There was neither an explicit statement (nor an implicit expectation) on the part of the attending provider that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same here. Therefore, the request is not medically necessary.