

Case Number:	CM14-0204119		
Date Assigned:	12/16/2014	Date of Injury:	05/30/2010
Decision Date:	02/11/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 30, 2014. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. An October 30, 2014 progress note was referenced. The claims administrator noted that the applicant had had an earlier lumbar laminectomy surgery and apparently had lumbar MRI imaging in June 2014 which demonstrated disk protrusion at the L5-S1 level with associated nerve root compression. The attending provider suggested that the applicant was not a surgical candidate. In a September 8, 2014 progress note, the applicant reported 6-7/10 low back pain radiating to the lower extremities and, in particular, to the left foot. The applicant had failed epidural steroid injection therapy, it was suggested. The applicant exhibited an antalgic gait and was using a cane to move about. MRI imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities were sought. Home health services were also sought. The applicant was kept off of work. The requesting provider was an orthopedic surgeon, it was suggested. However, there was no mention of how the MRI and/or electrodiagnostic testing would influence the treatment plan. On October 27, 2014, the applicant was placed off of work, on total temporary disability. Norco was refilled. Persistent complaints of low back pain radiating to the left leg, reportedly severe, were reported. The applicant was using a cane on this date. The applicant was again kept off of work. An updated lumbar MRI was sought per the recommendations of a medical-legal evaluator. On May 6, 2014, the applicant was again reporting persistent complaints of left leg pain two months removed from an L5-S1 foraminotomy, laminotomy, and discectomy. Lumbar MRI imaging was endorsed as of that point in time. Lumbar MRI imaging of June 2, 2014 was notable for postoperative changes at L5-

S1 with a 4-mm left paramedian prominence demonstrating subluxation of the left S1 nerve root with mild-to-moderate left foraminal encroachment and mild-to-moderate left foraminal stenosis.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 12-8, page 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is the test of choice for applicants who have had earlier back surgery, as apparently transpired here, this recommendation, however, is qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is considering or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. It is not clearly established why a lumbar MRI imaging was being sought in September and October 2014 when earlier lumbar MRI imaging of June 2014, referenced above, did seemingly demonstrate evidence of some nerve root compromise at the L5-S1 level. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed repeat lumbar MRI imaging and/or consider surgical intervention involving the lumbar spine based on the outcome of the same. Therefore, the request is not medically necessary.