

Case Number:	CM15-0102671		
Date Assigned:	07/17/2015	Date of Injury:	03/30/2013
Decision Date:	08/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of March 30, 2013. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for lumbar MRI imaging and a spine surgery consultation. The claims administrator referenced an April 23, 2015 RFA form and an associated progress note of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant received a left knee platelet-rich plasma injection under ultrasound guidance. On June 17, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was in visible discomfort. The applicant exhibited an antalgic gait. Limited lumbar spine range of motion was appreciated. Electrodiagnostic testing of the lower extremities dated April 11, 2014 was notable for a bilateral L5 radiculopathy, while MRI imaging of the lumbar spine from April 2013 was notable for a 4-mm disk bulge at L4-L5 and a 5-mm disk bulge at L5-S1. The attending provider, a pain management physician, noted that the applicant had electrodiagnostically-confirmed lumbar radiculopathy. The applicant was placed off work, on total temporary disability. It was noted that the applicant also had ancillary complaints of left knee pain status post earlier knee arthroscopy as well as a variety of psychiatric issues. The attending provider stated that the applicant would require an "updated MRI" and a spine surgery consultation owing to findings of severe back pain and electrodiagnostically-confirmed lumbar radiculopathy. The requesting provider was a pain management physician, it was reported. The applicant's radicular pain complaints were described as "intractable."

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

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

Decision rationale: Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. 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. Here, the requesting provider, a pain management physician, did state that the applicant was in the process of pursuing a spine surgery consultation. The attending provider seemingly suggested that the applicant's complaints had proven recalcitrant to various conservative treatments over a span of several years. The requesting provider seemingly suggested that the applicant was likely a candidate for surgical intervention. Earlier lumbar MRI imaging of April 2013 was likely too dated for preoperative planning purposes. Moving forward with the MRI study at issue, thus, was indicated, given the heightened radicular pain complaints reported on June 17, 2015, the history of electro diagnostically-confirmed lumbar radiculopathy, the failure of conservative treatment, and the fact that the attending provider reported that the applicant was intent on pursuing a surgical consultation and, by implication, a surgical remedy. Therefore, the request was medically necessary.

Spine surgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Similarly, the request for a spine surgery consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important." Here, the attending provider stated on June 17, 2015 that the applicant was intent on pursuing a surgical remedy for what was described as intractable radicular pain complaints. The applicant was off work as of the date of the request, despite several years of conservative treatment and reportedly had an electro diagnostically confirmed radiculopathy. Moving forward with the surgical consultation at issue, thus, was indicated. Therefore, the request was medically necessary.

