MAXIMUS Federal Services

Case Number:	CM15-0142412		
Date Assigned:	08/03/2015	Date of Injury:	01/07/2013
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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 28-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 10, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An RFA form received on June 18, 2015 and an associated progress note of June 11, 2015 were referenced in the determination. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated May 29, 2015; thus, it did not appear that the June 11, 2015 progress note made available to the claims administrator had been incorporated into the IMR packet. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity, 7-9/10. The applicant exhibited muscle stiffness and spasm about the lumbar spine. Limited range of motion was appreciated secondary to pain and poor effort. A slightly antalgic gait was appreciated. Lumbar MRI imaging was sought while Norco, Robaxin, and Relafen were renewed and/or continued. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The requesting provider was a pain management physician, it was reported. In an earlier note dated May 22, 2015, the attending provider, a pain management physician, again noted that the applicant had ongoing complaints of low back radiating into the right leg, 9/10. The applicant exhibited slightly antalgic gait. Earlier MRI imaging was positive for an L5-S1 right paracentral foraminal disk extrusion and annular tear, it was reported. The attending provider stated that he interpreted the historical MRI as positive. A new MRI was

ordered, along with six additional sessions of chiropractic manipulative therapy. Ultracet was renewed. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. On May 11, 2015, the attending provider, a pain management physician, suggested that a previously performed lumbar epidural steroid injection had generated incomplete, fleeting analgesia. A spine surgery consultation was seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the proposed MRI of the lumbar spine without contrast 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 on May 11, 2015 that he had asked the applicant to consult a spine surgeon to determine whether the applicant was a surgical candidate, noting that various analgesic and adjuvant medications and previous epidural steroid injections generated only fleeting pain relief. The attending provider suggested (but did not clearly state) that earlier reportedly positive MRI imaging was too dated for preoperative planning purposes. Moving forward with the repeat lumbar MRI imaging was, thus, indicated, given the applicant's heightened radicular symptoms and signs, incomplete response to conservative treatment, and the reports of the treating provider to the effect that the applicant was in fact in the process of pursuing a surgical consultation. Therefore, the request was medically necessary.