

Case Number:	CM15-0161443		
Date Assigned:	08/27/2015	Date of Injury:	05/12/2014
Decision Date:	10/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 12, 2004. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on July 29, 2015 in its determination, along with a progress note of July 6, 2015. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported 9/10 low back pain with radiation of pain to bilateral lower extremities, right greater than left. The applicant expressed concerns over falling. Positive straight leg raise was appreciated with 5/5 lower extremity motor function noted, despite some give way weakness. The applicant did exhibit a normal gait. MRI imaging of the lumbar spine and an epidural steroid injection were endorsed while Flexeril and diclofenac were prescribed. The applicant was given a rather proscriptive 5-pound lifting limitation, which the treating provider acknowledged was seemingly resulting in the applicant's removal from the workplace. The applicant was not working, the treating provider acknowledged. The attending provider noted that the applicant had received a prior lumbar MRI and prior epidural steroid injection. On March 16, 2015, the applicant was placed off-of work, on total temporary disability, and asked to pursue a spine surgery consultation on the grounds that the applicant had failed an epidural steroid injection. On July 6, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs, right greater than left. Positive straight leg raising was appreciated with well-preserved lower extremity motor function. Lumbar MRI imaging was sought. The attending provider suggested that the applicant was in

process of consulting a spine surgeon and needed an updated MRI prior to pursuit of possible surgical intervention. In a June 11, 2015 spine surgery note, a spine surgeon stated that the applicant had injured the L4-L5 and L5-S1 disks. The attending provider stated, however, that previously performed lumbar MRI imaging was of poor quality and, thus, non-diagnostic. A higher quality lumbar MRI was sought. It was acknowledged that the applicant had 8/9 axial and radicular pain complaints, which had proven recalcitrant to epidural steroid injection therapy. The applicant was having difficulty performing activities such as walking, it was reported.

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.

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

Decision rationale: Yes, an MRI of the lumbar spine 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 diagnosis is being evaluated. Here, the applicant's spine surgeon stated on June 11, 2015 that he was in fact, considering surgical intervention. The applicant's pain management physician also reported on July 6, 2015 that the applicant was actively contemplating surgical intervention on the grounds that earlier conservative measures to include time, medications, physical therapy, injection therapy, etc., had proven unsuccessful. Earlier MRI imaging performed in 2014 was apparently non-diagnostic and/or of poor technical quality, the treating provider suggested. Moving forward with the repeat lumbar MRI imaging, thus, was indicated for what was framed as preoperative planning purposes. Therefore, the request was medically necessary.