

Case Number:	CM15-0166330		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2007
Decision Date:	10/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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 claimant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2007. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An August 13, 2015 progress note was cited in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated May 19, 2015; thus, the more recent notes made available to the claims administrator were not seemingly incorporated into the IMR packet. On May 19, 2015, the applicant reported ongoing complaints of low back pain, 4/10 with medications versus 8/10 without medications. The applicant was on Motrin, Skelaxin, Norco, and Depakote, it was reported. The applicant had comorbid epilepsy, it was reported. The applicant had undergone an earlier failed lumbar laminectomy surgery, it was reported in one section of the note. In another section of the note, it was stated that the applicant had undergone a failed fusion surgery followed by hardware removal. Ongoing complaints of low back pain with intermittent radicular pain complaints were reported. A repeat lumbar MRI was sought on the grounds that the applicant could consider epidural injection therapy based on the outcome of the same. Norco, Skelaxin, and Motrin were renewed and/or continued. The applicant was not working, it was acknowledged. The applicant's pain complaints were described as progressively worsening over time. The applicant's last lumbar MRI was reported in 2009, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Lumbar and Thoracic, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the proposed MRI of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery, as seemingly transpired here. Here, the requesting provider noted on May 19, 2015 that the applicant had heightened axial and radicular pain complaints, noting that the applicant's pain complaints were progressively worsening over time, and seemingly suggested that the proposed MRI could influence the need for epidural steroid injection therapy and, by implication, further spine surgery. Moving forward with the same, thus, was indicated. Therefore, the request was medically necessary.