MAXIMUS Federal Services

Case Number:	CM15-0189910		
Date Assigned:	10/01/2015	Date of Injury:	12/06/2013
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 6, 2013. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An August 10, 2015 office visit and an associated August 20, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On August 10, 2015, it was acknowledged that the applicant was off of work. The applicant had received 2 prior epidural steroid injections, it was reported. Ongoing complaints of low back pain radiating into left leg were reported. The applicant had comorbidities including hypertension, diabetes, dyslipidemia, the treating provider acknowledged. Positive left-sided straight leg raising was reported with intact lower extremity motor function and a normal gait. The attending provider noted that earlier lumbar MRI imaging of June 5, 2014 was notable for an L4-L5 disk protrusion. The attending provider stated that he advised a third epidural injection. Tylenol No. 3 was apparently continued. The attending provider stated that the applicant had issues with a mild neurogenic bladder which required self-catheterization. The applicant was apparently returned to regular work. On an RFA form dated August 27, 2015, the treating provider stated that the applicant needed a surgical consultation and a precursor repeat MRI to assess the applicant's recurrence of leg pain. On an August 19, 2015 urology note, the applicant apparently presented alleging issues with urinary incontinence and heightened complaints of left lower extremity pain.

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 Low Back Complaints 2004.

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

Decision rationale: Yes, the request for lumbar MRI imaging 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 considered or red- flag diagnoses are being evaluated. Here, an August 19, 2015 urology note stated that the applicant had a red-flag issue, namely alleged urinary retention. The attending provider's August 27, 2015 RFA form stated that the applicant was in the process of pursuing a surgical consultation to address issues with associated heightened left lower extremity radicular pain complaints status post 2 prior lumbar epidural injections. Moving forward with MRI imaging was, thus, indicated to delineate the extent of the applicant's radiculopathy and/or establish the need for surgical intervention involving the lumbar spine. Therefore, the request was medically necessary.