

Case Number:	CM15-0189916		
Date Assigned:	10/01/2015	Date of Injury:	12/06/2013
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
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 September 11, 2015, the claims administrator failed to approve a request for lumbar MRI imaging without contrast. The claims administrator referenced an RFA form dated September 2, 2015 in its determination along with an associated progress note dated August 26, 2015. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported ongoing complaints of low back pain radiating to left leg. The applicant was working regular duty and able to tolerate the same, it was reported. The attending provider stated that he was intent on obtaining repeat lumbar MRI imaging to "rule out any ongoing pathology." The applicant was using oral tramadol and topical Terocin, it was reported. 5/5 lower extremity motor function was noted with some hyposensorium noted about the left leg, which was characterized as an older problem. The attending provider contended that the applicant was intent on consulting a neurosurgeon and contended in another section of the note that the applicant had issues with urinary retention. Lumbar MRI imaging was sought to further evaluate the same.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for MRI imaging of the lumbar spine is 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 attending provider's August 26, 2015 office visit stated that the applicant had ongoing complaints of low back pain radiating into left leg. The requesting provider suggested that the applicant was intent on pursuing a neurosurgery consultation to further evaluate the same. The attending provider also suggested that the applicant had alleged issues with urinary retention. Obtaining MRI imaging, thus, was indicated to delineate the extent of the applicant's lumbar radiculopathy, particularly in light of the fact that the attending provider stated that the applicant was intent on pursuing a surgical remedy based on the outcome of the same. Therefore, the request is medically necessary.