

Case Number:	CM15-0209720		
Date Assigned:	10/28/2015	Date of Injury:	03/20/2001
Decision Date:	12/17/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 20, 2001. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for repeat lumbar MRI imaging. The claims administrator contended that the applicant had an extensive physical therapy, extensive manipulative therapy, and over 20 cervical lumbar epidural steroid injections. The claims administrator referenced a September 30, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said September 30, 2015 office visit, the applicant reported ongoing complaints of low back, bilateral lower extremity, and bilateral hip pain complaints. The applicant was reportedly working full duty, it was stated toward the top of the note, was apparently exercising relatively frequently as of this point. The applicant had undergone earlier lumbar spine surgery, the treating provider reported. The applicant was on Norco, Neurontin, and topical capsaicin, the treating provider reported. Lower extremity motor strength was scored at 4+/5 in some muscle groups. The attending provider contended, toward the bottom of the note, that the applicant had an increasing weakness of radiating pain about the lower extremities. The requesting provider suggested that the applicant obtain repeat lumbar MRI imaging to further evaluate. The treating provider stated that the applicant had not had an MRI imaging since 2013. The requesting provider appeared to be the applicant's spine surgeon, it was suggested. Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for repeat MRI imaging of the lumbar spine was medically necessary, medically appropriate, or 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, a spine surgeon, suggested on September 30, 2015 that the applicant had heightened lower extremity radicular pain complaints and radicular signs in the form of lower extremity weakness appreciated about certain muscle groups. The treating provider stated that the applicant had not had MRI imaging in some 2 years. The applicant's heightened radicular complaints, reportedly new-onset radicular signs, and the fact that the requesting provider was a spine surgeon, taken together, suggested that the applicant was likely intent on acting on the results of the study in question and potentially go on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.