MAXIMUS Federal Services

Case Number:	CM15-0026428		
Date Assigned:	02/18/2015	Date of Injury:	11/23/2013
Decision Date:	05/05/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 13, 2013. In a Utilization Review report dated January 9, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced progress notes of December 9, 2014 and December 29, 2014 in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of low back pain. The applicant was not working. The applicant's symptoms were seemingly progressively worsened, despite ongoing usage of Norco, Motrin, and Flexeril. The applicant was given a refill of Norco and asked to re-consult a spine surgeon. The applicant had last worked some one year prior, it was acknowledged, in 2013. On December 29, 2014, the applicant was again described as having ongoing complaints of low back pain, unimproved. The applicant remained off of work. 5/5 lower extremity strength was noted. Right-sided radicular pain complaints were reported in another section of the note with positive right-sided straight leg raising. The applicant was given diagnoses of lumbar disk herniation radiculopathy and spinal stenosis of the lumbar spine. Lumbar MRI imaging was reported pending, the applicant's primary treating provider reported. The attending provider stated that the applicant's spine surgeon had apparently ordered a lumbar MRI but did not state how the lumbar MRI would influence or alter the treatment plan. In a December 10, 2014 progress note, the applicant was described as willing to reconsider surgery. Lumbar MRI imaging was apparently endorsed for preoperative planning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Yes, the proposed lumbar MRI 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 diagnoses are being evaluated. Here, the requesting provider, a spine surgeon, did state on December 10, 2014 that the applicant was willing to consider surgical intervention for ongoing lumbar radicular complaints evident on that date. Moving forward with lumbar MRI imaging, thus, was indicated for preoperative planning purposes. Therefore, the request was medically necessary.