

Case Number:	CM14-0114099		
Date Assigned:	08/01/2014	Date of Injury:	08/04/2005
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2005. Thus far, the claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for lumbar MRI imaging. In a January 22, 2014 progress note, the applicant apparently presented with persistent complaints of low back pain radiating to bilateral lower extremities, resulting in difficulty ambulating. Norco was endorsed. The applicant was asked to continue walking. The applicant's works status was not clearly outlined. In a June 4, 2014, progress note, the applicant again presented with persistent complains of low back pain radiating to the right leg, reportedly severe. The applicant had apparently gone to the emergency department on one occasion owing to a severe flare and pain. Positive straight leg raising was noted about the right with decreased sensation noted about the right leg. It was stated that the applicant's condition was deteriorating and that her radicular complains were progressively were worsening over time. Toradol injection was administered. The applicant was given another prescription for Norco. Lumbar MRI imaging was ordered on the grounds that the applicant's symptoms had deteriorated. The requesting provider was an orthopedic surgeon, it was stated. Earlier electrodiagnostic testing of October 26, 2005 was apparently suggestive of an L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14), MRIs

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant's lumbar radicular complaints are progressively worsening over time. The applicant has some physical findings suggestive of nerve root compromise, it is further noted. The requesting provider is a spine surgeon, implying that the applicant would act on the results of the study, lumbar MRI in question, and consider surgical remedy were it offered to her. Therefore, the request is medically necessary.