

Case Number:	CM14-0138582		
Date Assigned:	09/05/2014	Date of Injury:	07/07/2009
Decision Date:	10/09/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 July 7, 2009. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a telephone encounter report dated August 20, 2014, the treating provider seemingly acknowledged that the applicant might have had earlier lumbar MRI imaging, the results of which were unknown. In a July 29, 2014 progress note, the applicant was described as a former animal control officer now working as a police records specialist. The applicant did have ongoing complaints of low back pain, it was acknowledged. The applicant had had three to four epidural steroid injections, physical therapy, and manipulative therapy, it was stated. The applicant stated that she would like to consider surgical intervention to obtain a "more definitive solution" to her longstanding problems. The applicant reported persistent complaints of low back pain radiating into the right leg. Hyposensorium was noted about the right ankle with weakness about the right calf. Lumbar MRI imaging was endorsed, reportedly for possible preoperative finding purposes. The attending provider stated that earlier lumbar MRI imaging of 2010 would be of no benefit in determining whether or not the applicant could currently be a candidate for surgery.

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 without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Web: 7/3/14) MRI, Indications for Imaging-Magnetic Resonance Imaging

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 attending provider has posited that the applicant is a candidate for a lumbar spine surgery, that the applicant has failed other conservative treatments including time, medications, physical therapy, acupuncture, manipulative therapy, epidural steroid injection therapy, etc. The applicant's current complaints of low back pain into the right leg, coupled with weakness and hyposensorium appreciated on exam, do call into question the presence of a focal disk herniation which could potentially be amenable to surgical correction. MRI imaging to delineate the extent of the same is indicated. Therefore, the request is medically necessary.