

Case Number:	CM14-0156287		
Date Assigned:	09/25/2014	Date of Injury:	07/27/2006
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/24/2014

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar discectomy surgery; subsequent lumbar fusion surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. The applicant's case and care have apparently been complicated by comorbid diabetes and osteoporosis, it was suggested on an Utilization Review Report of September 4, 2014. In that Utilization Review Report, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS ODG Guidelines exclusively, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a March 6, 2014 progress note, the applicant reported persistent complaints of pain. The applicant was reportedly deteriorating. The applicant was non-ambulatory, it was noted. The applicant exhibited an antalgic gait. The applicant was in wheelchair. Diminished sensorium was noted about the L5-S1 distribution. Motorized scooter, left knee sleeve, gastroenterology consultation, podiatry consultation, Norco, and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. In a handwritten note dated June 26, 2014, the applicant reported persistent complaints of pain. Diminished sensorium was noted about the right foot. The applicant was given medications refills. A GI consultation, podiatry consultation, endocrinology consultation, home health care, motorized scooter, nephrology consultation, and lumbar MRI imaging was endorsed while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow. On August 7, 2014, it was again stated that the applicant needed considerable help. The applicant had Charcot foot deformity associated with poorly-controlled diabetes. Lumbar MRI imaging, a nephrology consultation, a knee surgery

consultation, and a gastroenterology were sought while the applicant was placed off of work, on total temporary disability. Home health care was also endorsed.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery, this recommendation is qualified by commentary made on page 304 of the ACOEM Practice Guidelines to the effect that imaging studies should be reserved for applicants who are considering a surgical remedy. In this case, there was/is no evidence that the applicant was actively considering or contemplating further lumbar spine surgery. The admittedly limited information on file and handwritten progress notes seemingly suggested that the applicant's multiple comorbidities, including poorly-controlled diabetes, gait derangement, Charcot foot deformity, etc., would likely prevent pursuit of further lumbar spine surgery, even were the results of the lumbar MRI in question positive. Therefore, the request is not medically necessary.