

Case Number:	CM14-0207375		
Date Assigned:	12/19/2014	Date of Injury:	05/13/2011
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 May 13, 2011. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for a lumbar MRI. The claims administrator seemingly based its determination on non-MTUS ODG guidelines. The claims administrator also referenced a November 14, 2013 lumbar MRI which demonstrated multilevel degenerative changes of uncertain clinical significance. The applicant's attorney subsequently appealed. In a December 9, 2014 letter, the applicant's attorney referenced an October 27, 2014 progress note in which the applicant reported a dramatic increase in pain, allegedly debilitating, radiating to the left lower extremity and right lower extremity. It was stated that the applicant had consulted a surgeon who recommended surgery on December 4, 2014. In a progress note dated December 4, 2014, the applicant did in fact report ongoing complaints of low back pain radiating to the bilateral lower extremities, left greater than right. The applicant had issues with hypothyroidism, earlier neck surgery, fibromyalgia, it was incidentally noted. The applicant's medication list included Desyrel, Synthroid, Prometrium, Colace, Cymbalta, and vitamin D. The note was somewhat difficult to follow as a result of repetitive photocopying and faxing. The applicant was reportedly disabled and was not working, it was acknowledged. Limited range of motion was noted. The applicant exhibited a visibly antalgic gait. The applicant's primary treating provider suggested that the applicant had issues with symptomatic spondylolisthesis generating her ongoing lumbar radicular complaints. The applicant was asked to transfer care to the spine surgeon who had apparently endorsed a surgical remedy. The attending provider stated that he had not been furnished with the results of the spine surgery consultation. In a December 10, 2014 telephone encounter, the applicant's primary

treating provider noted that the applicant had undergone multiple epidural steroid injections and lumbar radiofrequency ablation procedures at various points over the course of the claim.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs

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

Decision rationale: 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 and/or red flag diagnoses are being evaluated. Here, the applicant's attorney and at least one of the treating providers have suggested that the applicant has ongoing complaints of low back pain with worsened bilateral lower extremity radicular complaints and have, furthermore, seemingly suggested that the applicant had consulted a spine surgeon and is willing to consider a surgical intervention based on the outcome of the study in question. Moving forward with a lumbar MRI, thus, is indicated here. Therefore, the request is medically necessary.