

Case Number:	CM14-0210244		
Date Assigned:	12/18/2014	Date of Injury:	08/18/2000
Decision Date:	02/26/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 2000. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for MRI imaging of the lumbar spine and sacrum. An RFA form received on November 12, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the applicant reported persistent complaints of neck and arm pain, reportedly worsened. Radiation of pain to bilateral arms was noted. 9/10 pain was appreciated. Ancillary complaints of back and leg pain were reported. These were not as well characterized with the neck pain complaints. The applicant was status post earlier spinal fusion surgery in an unspecified region, the attending provider stated. The applicant's back pain was worsened as a result of standing and walking, it was stated. 5/5 lower extremity strength was nevertheless appreciated on exam. The attending provider stated that the applicant might have issues with spinal stenosis which were interfering with his gait pattern. MRI imaging of the lumbosacral spine and sacrum were endorsed. The requesting provider was apparently an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/Sacrum MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary last updated 08/22/14, Indications for magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 307, the surgical treatment for spinal stenosis, the diagnosis reportedly present here, is usual a complete laminectomy procedure. Here, the applicant was described on the November 12, 2014 office visit, referenced above, as experiencing issues with neurogenic claudication, including low back pain radiating into the bilateral lower extremities. The applicant was status post earlier lumbar spine surgery, it was stated. The applicant was 49 years old, making spinal stenosis a possibility, particularly given the history of prior spine surgery, per page 307 of the ACOEM Practice Guidelines. The requesting provider is a spine surgeon, increasing the likelihood that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.