

Case Number:	CM15-0116846		
Date Assigned:	06/25/2015	Date of Injury:	06/04/2012
Decision Date:	09/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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, New York, 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 62-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for MRI and plain film imaging of the lumbar spine. An RFA form received on May 12, 2015 was referenced in the determination. The claims administrator did seemingly acknowledge that the applicant had undergone earlier lumbar spine surgery. Progress notes of March 16, 2015 and March 26, 2015 were also referenced. The applicant's attorney subsequently appealed. On an RFA form dated May 12, 2015, lumbar MRI imaging and plain film x-rays of the lumbar spine were sought. In an associated progress note dated April 29, 2015, the applicant reported ongoing complaints of low back pain status post earlier multilevel lumbar fusion surgery in 2014. The applicant had also undergone earlier cervical fusion surgery, it was reported. Low back pain radiating to the right leg was reported. SI joint injections were sought. MRI imaging and x-rays of the lumbar spine were sought to evaluate the integrity of the applicant's lumbar fusion. The requesting provider was the applicant's neurosurgeon, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Yes, the proposed lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is recommended as the test of choice for applicants who have had prior back surgery, as transpired here. The applicant presented on April 29, 2015 reporting heightened complaints of low back pain radiating to the right leg. The requesting provider, a neurosurgeon, apparently ordered lumbar MRI imaging to evaluate the integrity of the applicant's prior fusion surgery and/or to determine the presence of a new disk herniation at another level. The fact that the requesting provider was a neurosurgeon significantly increased the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was medically necessary.

X-rays of the lumbar spine: Overturned

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 Chapter.

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

Decision rationale: Similarly, the request for x-rays of the lumbar spine was likewise medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that routine usage of radiographs for the lumbar spine in the absence of red flags is deemed not recommended, here, the applicant presented on April 29, 2015 reporting residual complaints of low back pain status post earlier lumbar fusion surgery at an unspecified amount in 2014. The applicant had not been seen in approximately six months. The attending provider stated that he was intent on performing plain film radiography of the lumbar spine to determine the integrity of the prior fusion. Therefore, the request was medically necessary.