

Case Number:	CM15-0126027		
Date Assigned:	07/10/2015	Date of Injury:	10/04/1999
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 4, 1999. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a May 14, 2015 progress note in its determination. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines in its determination, the former of which were mislabeled as originated from the MTUS. The applicant's attorney subsequent appealed. On May 14, 2015, the applicant reported moderate to severe, constant low back pain radiating to the right lower extremity, 9-10/10. The applicant did report issues of anxiety and depression in review of systems section of the note. The applicant was using Prozac and Prilosec, it was reported. The applicant exhibited normal gait with limited lumbar range of motion noted. Positive left-sided straight leg raising was appreciated. Earlier MRI imaging in 2009 was notable for spondylolisthesis, a far lateral disc protrusion at the L3-L4 level, and foraminal stenosis at the L5-S1 level. Lumbar MRI imaging and electro diagnostic testing of bilateral lower extremities were sought. The attending provider stated that the testing was being ordered to "rule out" stenosis versus radiculopathy. The attending provider stated that he might recommend an epidural steroid injection in the future. The requesting provider was a neurosurgeon, it was reported. On February 15, 2015, the applicant's neurosurgeon reported that the applicant had ongoing complaints of low back pain radiating to the right lower extremity. The applicant had undergone earlier lumbar spine surgery, the neurosurgeon reported. Xanax, Naprosyn, Prilosec, flurbiprofen, and permanent work restrictions were imposed. The applicant exhibited a positive straight leg raising and 5-/5 right lower extremity strength in certain muscle groups, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Yes, the request for 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 a test of choice for applicants who have had prior back surgery, as apparently transpired here. The requesting provider was a neurosurgeon, significantly increasing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The attending provider did report on May 14, 2015 that the applicant was experiencing heightened radicular pain complaints on that date. Moving forward with lumbar MRI imaging was, thus, indicated to delineate the source of the applicant's new-onset radicular complaints. Therefore, the request was medically necessary.