

Case Number:	CM15-0170359		
Date Assigned:	09/10/2015	Date of Injury:	06/10/2014
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and a Functional Capacity Evaluation (FCE). The claims administrator referenced a July 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, open lumbar MRI imaging, a lumbar support, manipulative therapy, an epidural injection, and a topical compounded medication were endorsed. The applicant was given rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case. Multifocal complaints of low back pain, headaches, depression, anxiety, and poor energy levels were reported. The requesting provider did not state, however, how said lumbar MRI would influence or alter the treatment plan. On March 25, 2015, a medical-legal evaluator acknowledged that the applicant was not working. The applicant was given a 13% whole-person impairment rating. The applicant was described as having had earlier lumbar MRI imaging demonstrating a 6-mm extruded disk at L4-L5 generating associated impingement upon the L5 nerve root. On May 29, 2015, lumbar MRI imaging, Tramadol, Soma, and topical compounded medications were endorsed. Physical therapy, lumbar support, and a rather proscriptive 10-pound lifting limitation were endorsed. The applicant was asked to consult a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for an MRI of the lumbar spine was not medically necessary, medically appropriate, or indicated here. 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 or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention on or the date(s) in question, July 10, 2015 and May 29, 2015. The applicant, per a Medical-legal Evaluation of February 24, 2015, already had lumbar MRI imaging establishing a diagnosis of lumbar radiculopathy attributed to a herniated disk at L4-L5 generating associated L5 nerve root impingement. Progress notes of May 29, 2015 and July 10, 2015 made no mention of how (or if) the proposed lumbar MRI would influence or alter the treatment plan. It did not appear that the applicant was intent on pursuing any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Home IFC Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for a home interferential (IFC) unit was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction achieved as a result of the same. Here, however, it did not appear that the applicant had undergone a successful one-month trial of the device in question before the request to purchase the same was initiated. Therefore, the request was not medically necessary.