

Case Number:	CM15-0172806		
Date Assigned:	09/14/2015	Date of Injury:	03/14/2005
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/02/2015

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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 14, 2005. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form of August 20, 2015 and an associated progress note of August 19, 2015 in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of low back pain, 7/10 without medications versus 4/10 with medications. The applicant's medications included Robaxin, Ambien, Percocet, Zanaflex, and OxyContin. The applicant had undergone multiple failed spine surgeries in 2006 and 2011, it was reported. The applicant had developed derivative complaints of depression associated with his chronic pain complaints, it was reported. A TENS unit, back brace, Zanaflex, Percocet, OxyContin, Pristiq, and Ambien were endorsed. The note was very difficult to follow, was 11 pages long, and mingled historical issues with current issues. At the bottom of the note, Pristiq, methadone, and Percocet were prescribed. The attending provider stated that MRI imaging of the lumbar spine was proposed for the purposes of evaluating for a lumbar disk herniation with allegations of right-sided numbness, tingling, and weakness. The applicant exhibited an antalgic gait, it was stated in one section of the note, with positive straight leg raising, a lumbar spine scar, and hyposensorium of both feet. Reflexes were symmetric. Motor strength was not clearly characterized. The requesting provider was a pain management physician, it was reported. The applicant was not working owing to mental health complaints, it was stated in various sections of the note. The

applicant's overall activity levels had diminished, it was reported. The attending provider contended that the MRI imaging in question would influence the treatment plan and could potentially influence the need for a spinal cord stimulator and, potentially, referral to another provider, presumably a surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

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

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

Decision rationale: Yes, the request for MRI imaging of the lumbar spine was medically necessary, medically appropriate, or 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. Here, the applicant had had multiple failed spine surgeries, the treating provider reported on September 16, 2015. The applicant reported heightened radicular pain complaints on that date. The attending provider contended that the applicant had developed worsening radicular pain complaints on that date and suggested that repeat MRI imaging was needed to evaluate for a new or recurrent disk herniation. The attending provider stated that the applicant would act on the results of the study in question and would potentially consider either a surgical referral or spinal cord stimulator based on the outcome of the same. Moving forward with the same was, thus, indicated. Therefore, the request was medically necessary.