MAXIMUS Federal Services

Case Number:	CM15-0172819		
Date Assigned:	09/22/2015	Date of Injury:	12/18/2007
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 51 year old male who sustained an industrial injury on 12-18-2007. According to a report dated 08-06-2015, the injured worker was being seen for persistent low back and lower extremity pain. He continued to report low back pain. He felt a lot more pain with the reduction of Clonidine. Analgesia was "unsatisfactory". Urine drug screen on 07-07-2015 was consistent for prescribed medications without aberrancies. He had "more" pain and "poor" function. He had a fall where he landed on both knees. He could sit for 5 minutes, stand for 0-1 minute and walk less than 5 minutes. He was not sleeping well. Activities of daily living were noted as independent. He drove himself. He used a wheel chair. He quit smoking. Examination showed the pump was at the left lower quadrant and showed no erythema, tenderness or swelling. He was in a wheel chair. He groaned throughout the pump refill, changing positions with discomfort. Diagnoses included failed back surgery syndrome of the lumbar spine with low back and left lower radicular pain, status post femoral nerve injury on the right secondary to interior vena cava filter, history of pulmonary embolism, knee degenerative joint disease, hypogonadism and frequent falls. The treatment plan included urinalysis for review. The provider noted that an MRI of the lumbar spine was requested to evaluate for increased low back pain and injuries from frequent falls. His pump was refilled and reprogrammed. Clonidine was discontinued. A prescription of Clonidine was given to help with the discontinuation of Clonidine in the pump. Other prescriptions included Oxycodone, Flexeril, Amitiza, Gralise and Lexapro. Fall precautions were also noted. On 08-21-2015, Utilization Review non-certified the request for an MRI of the lumbar spine.

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, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior fusion and numerous interventions. There was no spine surgeon consultation mentioned. The request for an MRI of the lumbar spine is not medically necessary.