

Case Number:	CM15-0075262		
Date Assigned:	04/27/2015	Date of Injury:	08/02/2013
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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 27-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 2, 2013. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for a lumbar MRI. A March 23, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 8-9/10. The applicant had a large 5-mm disc herniation, it was stated at L4-L5. It was stated that the applicant was in need of an orthopedic spine surgery consultation, having failed conservative therapies. Tylenol No. 3 was endorsed. Norco was endorsed. A rather proscriptive 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. On December 8, 2014, the attending provider alluded to the applicant's having had an earlier lumbar MRI on February 4, 2014, demonstrating a large 5-mm disc protrusion at L5-S1 with associated impingement upon the right S1 nerve root. Some effacement of the left L4-L5 subarticular recess and associated left L4 nerve root abutment was also noted. On February 13, 2015, the applicant reported persistent complaints of low back pain radiating to the right leg. Spine surgery consultation was again proposed while Norco was renewed. On March 13, 2015, the applicant stated that he was requesting repeat lumbar MRI on the grounds that the applicant's spine surgeon had suggested the same via a progress note dated March 12, 2015. The attending provider stated that he had not personally reviewed the spine surgery note. The applicant was not working, it was acknowledged. Tylenol No. 3 was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Yes, the request for repeat lumbar MRI imaging was medically necessary, medically appropriate and indicated here. As noted in the MTUS Guidelines 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, the applicant had ongoing complaints of low back pain radiating to the right leg. The applicant had clinically evident, radiographically confirmed lumbar radiculopathy, it was noted. Earlier lumbar MRI imaging of February 4, 2014 was notable for large 5 mm disc protrusion at L5-S1 with associated S1 nerve root impingement. The applicant had, however, recently consulted a spine surgeon. The earlier lumbar MRI, thus, was likely too dated for preoperative planning purposes. Moving forward with repeat lumbar MRI imaging for what appears to be preoperative planning purposes, thus, was indicated. Therefore, the request was medically necessary.