MAXIMUS Federal Services

Case Number:	CM13-0072642		
Date Assigned:	01/08/2014	Date of Injury:	08/02/2001
Decision Date:	08/11/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic knee pain, shoulder pain, and low back pain reportedly associated with an industrial injury of August 2, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar spine surgery in 2009; subsequent left shoulder surgery; right knee total knee arthroplasty; and a left knee total knee arthroplasty. In a Utilization Review Report dated November 29, 2013, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a July 15, 2013 progress note, the applicant had presented with persistent complaints of low back pain and knee pain. The applicant's complaints were vague, it was stated. The applicant had a history of leukemia and was anemic, it was noted. The applicant was using OxyContin and Percocet for pain relief. Intact strength and sensorium were noted about the lower extremities. The applicant was given prescriptions for Neurontin, Topamax, and Lidoderm. It appeared that MRI imaging was ordered on the grounds that another one of the applicant's treating providers had endorsed the same. The note did not follow standard SOAP format. A subsequent note of August 28, 2013 was notable for comments that the applicant's primary treating provider felt that the applicant had lumbar degenerative disk disease which did not warrant MRI imaging to clarify. On October 25, 2013, the applicant was again described as exhibiting well-preserved, 5/5 bilateral lower extremity strength despite usage of a cane. The applicant's primary treating provider stated that she does not feel there is a need for lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TREATMENT LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence of surgery being considered or red flag diagnoses being evaluated. No clear rationale for MRI imaging in question was provided. It does not appear that the applicant is a surgical candidate. The applicant's primary treating provider has stated on several occasions that she does not believe MRI imaging is warranted. Therefore, the request is not medically necessary.