

Case Number:	CM14-0005732		
Date Assigned:	02/07/2014	Date of Injury:	10/20/2008
Decision Date:	06/20/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/15/2014

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 low back pain reportedly associated with industrial injury of October 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications and intermittent laboratory testing. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for lumbar MRI imaging. ACOEM Guidelines were cited in the denial. The applicant's attorney subsequently appealed. A progress note dated December 31, 2013 was notable for comments that the applicant reported persistent low back pain radiating to left posterior thigh and left calf. The applicant's current episode of pain started two months prior, without any precipitating event, it was stated. The applicant was using Motrin for pain relief. The applicant states that usage of Motrin has been effective but states that his radicular complaints are seemingly worsened. The applicant has a BMI of 27. The applicant did exhibit 5/5 lower extremity strength with limited lumbar range of motion noted. Reflexes were intact, as was sensorium. MRI imaging of lumbar spine was sought to "identify a pain generator." Renal and hepatic function testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 considered or red-flag diagnoses are being evaluated. In this case, however, there was no specific mention that the applicant was intent on pursuing a surgical remedy. There was statement that the MRI imaging in question would alter the treatment plan. There was no clearly voiced suspicion of cauda equina syndrome, fracture, tumor, infection, or any other red-flag diagnoses. The applicant's well-preserved lower extremity neurologic function further argued against the presence of any red flag-diagnoses for which more urgent lumbar MRI imaging would have been indicated. Therefore, the request is not medically necessary.