

Case Number:	CM14-0007716		
Date Assigned:	02/07/2014	Date of Injury:	09/22/2010
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, psychotropic medications, blood pressure lowering medications and extensive periods of time off of work. In a utilization review report dated January 7, 2014, the claims administrator denied a request for lumbar MRI imaging, citing Chapter 12 ACOEM Guidelines. The applicant's attorney subsequently appealed. A January 16, 2014 progress note is notable for comments that the applicant reports persistent neck pain as a primary complaint. The review of systems section of the report, it is incidentally noted, was reportedly negative for back pain. The applicant's stated diagnoses, however, include migraine headaches, myalgias, myositis, tinnitus, hypertension, depression, anxiety, chronic low back pain, depression, and sleep disturbance, among other things. The applicant's medication list included Cymbalta, Norco, Motrin, Fanapt, Viibryd, Hydrochlorothiazide, Klonopin, and, Benazepril Hydrochlorothiazide. The applicant reported exhibited diminished sensorium about the left hand with intact sensorium about the right hand. The attending provider stated that he plan to contest the denied lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: As noted in the California 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, surgery is not being considered. Red flag diagnoses are not being evaluated. The bulk of the information on file pertains to the applicant's issues with neck pain and associated upper extremity paresthesias as well as dysesthesias. It was compared with little or no mention made of back pain on the office visit in question. There was similarly no mention or suspicion of red flag diagnoses such as cauda equina syndrome, fracture, tumor, infection, pronounced lower extremity weakness, etc., which would have compelled MRI evaluation to evaluate for red flag diagnoses. Therefore, the request is not medically necessary.