MAXIMUS Federal Services

Case Number:	CM14-0101431		
Date Assigned:	09/16/2014	Date of Injury:	06/08/2012
Decision Date:	11/14/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 reportedly associated with industrial injury of June 8, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and two epidural steroid injections, per the claims administrator.In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for a lumbar MRI imaging, noting that the applicant had had an earlier lumbar MRI on December 2, 2013, which was suggestive of spinal stenosis at L3-L4 and L4-L5 levels.The applicant's attorney subsequently appealed.On an April 10, 2014 progress note, the applicant reported having contusions of the shoulder and chest wall when his left knee gave out while negotiating some stairs. The applicant was apparently kept off of work.In May 27, 2014, the applicant reported ongoing complaints of rib, wrist, chest wall pain, neck pain, upper back pain, and lower back pain. It was stated that the applicant was obtaining an evaluation through a neurosurgeon. It was stated that the neurosurgeon was requesting an updated MRI. The applicant was kept off of work. It was not, however, specifically stated that the applicant was considering surgical intervention involving 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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back (updated 05/12/14) MRIs (magnetic resonance imaging)

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 was no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The multifocal nature of the applicant's complaints, which included the neck, mid back, ribs, knee, shoulder, etc., suggested that the applicant was not, in fact, actively considering or contemplating any kind of surgical remedy involving the injured lumbar spine. The progress note in question on which the request was initiated made only incidental mention of the applicant's ongoing low back pain complaints. There was no explicit statement (or implicit expectation) that the applicant would, in fact, act on the results of the proposed lumbar MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.