MAXIMUS Federal Services

Case Number:	CM14-0106423		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2013
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 low back pain reportedly associated with an industrial injury of November 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; reported normal x-ray studies of May 15, 2014; and unspecified amounts of physical therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for MRI imaging of the lumbar spine, invoking non-MTUS Third Edition ACOEM guidelines and non-MTUS ODG guidelines. The Third Edition ACOEM guidelines were mislabeled and misrepresented as originating from the MTUS. The claims administrator stated that it was unclear that conservative treatments have been tried and failed, despite the fact that the applicant was over six months removed from the date of injury. In a December 13, 2013 progress note, the applicant was returned to regular duty work. On January 24, 2014, the applicant was again described as working regular duty. Persistent complaints of neck, upper back, and bilateral forearm pain were noted, ranging from 3-5/5. The applicant stated that his headaches had resolved. The applicant was status post a nasal fracture repair surgery, it was stated. Near-normal lumbar range of motion was noted despite some paraspinal tenderness. 5/5 bilateral lower extremity strength was appreciated. The applicant was asked to continue regular duty work. X-ray imaging of the cervical and lumbar spine were sought, along with MRI imaging of the same. The applicant was asked to follow up in four to six weeks. In a later request for authorization form dated June 3, 2014, the applicant was again asked to obtain MRI imaging of the cervical and lumbar spines.On May 15, 2014, the applicant presented reporting persistent complaints of neck pain radiating to the bilateral upper extremities, reportedly mild. The applicant also had ancillary complaints of low back pain and sleep apnea. The applicant was working regular duty as a truck driver, it was acknowledged. 5/5 bilateral lower extremity strength was appreciated with negative straight leg

raising and near-normal lumbar range of motion noted, despite pain. MRI imaging of the cervical and lumbar spines were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the 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 Chapter

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, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine. The information on file suggests that the applicant has already returned to regular duty work, has no lower extremity neurologic deficits, and has only mild complaints referable to the lumbar spine. It does not appear, thus, that the lumbar MRI in question would appreciably alter the treatment plan. It does not appear that the applicant would act on the results of the same and/or consider a surgical remedy were it offered to him. Therefore, the request is not medically necessary.