

Case Number:	CM14-0010798		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of June 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; multimodality transcutaneous electrotherapy device; unspecified amounts of acupuncture; and several months off of work. In a utilization review report dated December 27, 2013, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. An earlier progress note dated December 5, 2013 was difficult to follow, not entirely legible, and notable for ongoing complaints of low back pain with associated limitation in motion. Computerized range of motion testing, functional capacity testing, and acupuncture were sought while the applicant was placed off of work. An earlier note of November 27, 2013 was notable for comments that the applicant reported multifocal shoulder, upper back, and low back pain with associated psychological stress. The applicant reported radiation of pain for the low back to the right leg. Limited range of motion about the spine was appreciated. The applicant exhibited a normal gait. A multimodality TENS unit, cold therapy, heat therapy, and work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.23.5. LOW BACK COMPLAINTS, , 303-304

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

Decision rationale: As noted on page 304 of the ACOEM Guidelines in Chapter 12, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, there is no mention that the applicant is actively considering or contemplating lumbar spine surgery. Rather, the multifocal nature of the applicant's complaints of low back, shoulder, neck, mid back pain, etc., suggested that the applicant is not, in fact, a surgical candidate. Furthermore, there is no mention or suspicion of any red flag diagnoses such as cauda equina syndrome, tumor, infection, fracture, etc., which might compel lumbar MRI imaging. Therefore, the request is not medically necessary, for all the stated reasons.