

Case Number:	CM14-0012382		
Date Assigned:	02/21/2014	Date of Injury:	09/17/2012
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 an industrial injury of September 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; apparent provision with a gym membership; psychotropic medications; reported DEXA bone scanning, reportedly notable for osteoporosis; and earlier lumbar MRI imaging of November 16, 2012, notable for 3- to 4-mm disk herniations at L3-L4 and L4-L5. In a Utilization Review Report of January 14, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that there was no compelling change in the clinical presentation which would support repeat MRI imaging at that point in time. The applicant's attorney subsequently appealed. In an earlier note dated July 23, 2013, the applicant was described as fairly active and functional. The applicant was apparently doing swimming, walking, and other activities of daily living. Authorization for acupuncture was sought at that point in time. The applicant was given refills of tramadol, Relafen, Flexeril, and Lexapro. In an earlier progress note dated May 23, 2013, the applicant was described as having ongoing issues with chronic low back pain. Acupuncture was sought at that point in time. The applicant was asked to try exercises and swimming. The applicant was described as exhibiting well-preserved; 5/5 lower extremity strength; a normal gait; and brisk, symmetric reflexes. In a December 19, 2013 progress report, the attending provider apparently sought authorization for repeat lumbar MRI, noting that the applicant was still struggling with chronic low back pain issues. No significant change in objective findings was documented.

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: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, LOW BACK COMPLAINTS, 308-310

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 and/or to evaluate a suspected red-flag diagnosis. In this case, however, the employee is consistently described as having no significant changes in neurologic or musculoskeletal exams. There is no evidence of progressively-worsening lower extremity weakness which would compel repeat lumbar MRI imaging. There was no evidence or clearly-voiced suspicion of fracture, tumor, infection, or cauda equina syndrome for which lumbar MRI imaging would be indicated, according to the ACOEM. Therefore, the request is not medically necessary.