

Case Number:	CM14-0110479		
Date Assigned:	08/01/2014	Date of Injury:	10/03/2013
Decision Date:	10/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 18, 2014, the claims administrator denied a request for lumbar MRI imaging. In its Utilization Review Report, the claims administrator did state that it was basing its decision on a Request for Authorization Form (RFA) dated May 30, 2014 and associated progress note dated May 29, 2014. The applicant's attorney subsequently appealed. In a February 19, 2014 Medical-legal Evaluation, the applicant was described as having recently had lumbar MRI imaging, the results of which were not reported. The medical-legal evaluator did note that the applicant had had lumbar MRI imaging on June 7, 2012 which noted a small shallow disk protrusion at L4-L5 with moderate neuroforaminal stenosis at the L4-L5 level. In an April 17, 2014 progress note, the applicant was placed off of work, on total temporary disability. A knee brace and TENS unit were sought. The applicant was using Lyrica, Motrin, Tylenol No. 3, naproxen, and gabapentin, it was stated, and was status post SI joint injection therapy, it was further noted. In a May 29, 2014 progress note, the applicant reported persistent complaints of low back and ankle pain. It was suggested that the applicant was working in a modified role as an administrative assistant. The applicant was having difficulty with prolonged walking, however, she noted. Limited lumbar range of motion was noted. Lumbar MRI imaging was sought. It was stated that the applicant had advanced knee arthritis. Norflex, Neurontin, tramadol, trazodone, and Flexeril were renewed. The applicant was asked to continue working. Renal and hepatic function testing were also sought.

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): 298-301, 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

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. It is further noted that the applicant appears to have had several prior lumbar MRI imaging studies, all of which were nondescript and failed to uncover any specific lesion amenable to surgical correction. Therefore, the request is not medically necessary.