

Case Number:	CM14-0153515		
Date Assigned:	09/23/2014	Date of Injury:	11/07/2012
Decision Date:	11/13/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 pain reportedly associated with an industrial injury of November 7, 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; and reported return to regular duty work. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In an applicant questionnaire dated August 26, 2014, the applicant stated that he was working regular duty work. In a handwritten progress note of the same date, August 26, 2014, the applicant reported pain "mostly in low back," 8/10, constant. New lumbar MRI imaging was sought. The applicant's work status was not clearly stated. Earlier lumbar MRI imaging of the sacrum and coccyx of July 31, 2014 was interpreted as normal. Thoracic MRI imaging of July 31, 2014 was also essentially within normal limits, notable only for low-grade disk desiccation of uncertain clinical significance.

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 Page(s): 303-305.

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 contemplated or red flag diagnoses are being evaluated. In this case, however, there was/is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine. Rather, it appeared that the attending provider was intent on ordering lumbar MRI imaging based on the recommendations of a medical-legal evaluator. It did not appear that the applicant was intent on acting on the results of the same and/or considering a surgical remedy. Therefore, the request is not medically necessary.