

Case Number:	CM14-0158095		
Date Assigned:	10/01/2014	Date of Injury:	03/31/2014
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 March 31, 2014. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for lumbar MRI imaging, citing a lack of neurologic deficits. The claims administrator based its decision on a Request for Authorization (RFA) form dated August 7, 2014 and associated consultation note of the same date. The applicant's attorney subsequently appealed. In the Independent Medical Review 'list of medical records,' however, it was stated that the most recent progress note enclosed was dated June 4, 2014. On June 4, 2014, the applicant reported that she was improving and felt better, reporting "almost no pain." The applicant stated that she is ready to return to regular duty work on a trial basis. 1/10, non-radiating pain was noted. Negative straight leg raising, normal gait, and full range of motion was appreciated. The applicant was returned to regular duty work on a trial basis.

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.

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 admittedly limited information on file, including the June 4, 2014 progress note, referenced above, suggests that the applicant had already returned to regular work, had minimal to no residual complaints, was not contemplating surgery, and did not have any neurologic deficits. All of the foregoing, taken together, did not make a compelling case for the proposed lumbar MRI, although it is acknowledged that the August 7, 2014 RFA form on which the article in question was seemingly sought did not appear to have been incorporated into the independent medical review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.