

Case Number:	CM14-0162022		
Date Assigned:	10/07/2014	Date of Injury:	09/10/2012
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 September 10, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for an updated MRI of the lumbar spine and partially approved a request for 12 sessions of chiropractic manipulative therapy, modifying it to 6 sessions of chiropractic manipulative therapy with associated modalities. In a handwritten note dated September 16, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. 4+/5 lower extremity strength was noted with bilateral great toe numbness noted on exam. An updated MRI of the lumbar spine was sought, along with 12 sessions of chiropractic manipulative therapy. The applicant was placed off of work, on total temporary disability, until the next visit. In a subsequent note dated October 7, 2014, the applicant again reported persistent complaints of shoulder, hand, and bilateral leg pain. The applicant's low back pain was not resolving, it was noted. The attending provider stated that he was seeking updated lumbar MRI imaging to evaluate the severity of the applicant's radiographic changes. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

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 was no explicit statement from the attending provider that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine. Rather, the attending provider's commentary on October 7, 2014 suggested that the applicant and/or attending provider were pursuing the proposed lumbar MRI for academic purposes, to evaluate the extent of radiographic changes. This is not an ACOEM-endorsed role for lumbar MRI imaging. Therefore, the request is not medically necessary.