

Case Number:	CM14-0167111		
Date Assigned:	10/14/2014	Date of Injury:	01/26/2011
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 January 26, 2011. 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 over the course of the claim; earlier closed reduction of a right foot Lisfranc fracture with subsequent removal of painful hardware; and muscle relaxants. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for a lumbar MRI. It does not appear that the Utilization Review decision was provided. It appears that only a skeleton containing the summary report was furnished. In an August 29, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had received chiropractic manipulative therapy and stated that she had 50% improvement with treatment. The applicant was using Naprosyn and Flexeril for pain relief. Tenderness was noted about the lumbar paraspinal musculature. Lumbar range of motion was limited. The applicant was asked to obtain lumbar MRI imaging. It was stated that the applicant sustained new injury to the lumbar spine and that MRI imaging was needed to further evaluate the same. On September 19, 2014, the attending provider again wrote that the applicant needed a lumbar MRI to further evaluate her low back pain. It was stated, somewhat incongruously, that the applicant's status was worse in one section of the report while another section of the note stated that chiropractic manipulative therapy had furnished some relief. The applicant was placed off of work, on total temporary disability. Overall rationale was sparse. Little to no narrative commentary was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 mention of the applicant actively considering or contemplating any kind of surgical intervention involving the lumbar spine. There was no mention of red flag diagnoses being present here such as fracture, tumor, cauda equina syndrome, etc. Admittedly limited information on file suggested that the applicant's presentation was consistent with that of muscular low back pain/lumbar strain associated pain, a condition for which MRI imaging is, per ACOEM Chapter 12, Table 12-7, page 304, scored a 0/4 in its ability to identify and define. Therefore, the request is not medically necessary.