

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0167150 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 07/27/2004 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 10/01/2014 |
| 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, neck, and knee pain reportedly associated with an industrial injury of July 27, 2004. 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; earlier knee arthroscopy; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back, left ankle, knee, and neck pain. The applicant was using Synthroid, Cymbalta, Wellbutrin, Desyrel, and Flexeril, it was acknowledged. The applicant was apparently depressed, it was acknowledged. The applicant apparently exhibited strength about the left lower extremity ranging from 4/5 to 5/5 versus 5/5 throughout the right lower extremity. MRI imaging of the cervical spine, lumbar spine, and knee were sought along with MR arthrography of the left knee and electrodiagnostic testing of the bilateral upper extremities.

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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on and around the date in question, September 3, 2014. The multifocal nature of the applicant's complaints, which included issues involving the neck, knee, low back, elbow, ankle, etc., implies that the applicant had no intention of acting on the proposed lumbar MRI. The fact that MRI imaging of multiple body parts was sought likewise implies that these tests were being ordered for academic or evaluation purposes with no explicit intention of acting on the results of the same. Therefore, the request is not medically necessary.