

Case Number:	CM14-0170718		
Date Assigned:	10/23/2014	Date of Injury:	08/15/2014
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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, wrist pain, upper back pain, and hand pain reportedly associated with an industrial injury of August 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier foot ORIF surgery; and unspecified amounts of physical therapy over the course of the claim. In a September 25, 2014 progress note, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS Third Edition ACOEM Guidelines, which were mislabeled as originating from the MTUS. The claims administrator stated that it was basing its denial on a September 19, 2014 request for authorization (RFA) form. The applicant's attorney subsequently appealed. In a progress note dated August 15, 2014, the applicant was described as having ongoing complaints of foot pain, back pain, and wrist pain. The applicant had been diagnosed with broken left second and third metatarsals. The applicant was apparently splinted elsewhere. The applicant was still smoking, it was acknowledged. X-rays of the foot and ankle were ordered. The applicant was kept off of work, on total temporary disability. Home health services were sought to assist with cooking, cleaning, and bathing. In a September 19, 2014 progress note, the applicant was asked to obtain a CT scan of the left foot to further evaluate his foot fracture. Casting was again endorsed. The applicant was again asked to cease smoking. The documentation focused on the applicant's foot and ankle complaints. The remainder of the file was surveyed. The September 19, 2014 RFA form on which the lumbar MRI in question was sought was not incorporated into the Independent Medical Review Report.

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 Chronic Pain Treatment Guidelines Low Back Complaints; Special Studies and Diagnostic and Treatment.

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/is no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine on and around the date in question, although it is acknowledged that the September 19, 2014 RFA form on which the request at issue was sought was seemingly not incorporated into the IMR packet. The information which is on file, however, focused on the applicant's foot and ankle issues and does not support or substantiate the request for lumbar MRI imaging. Therefore, the request is not medically necessary.