

Case Number:	CM14-0175618		
Date Assigned:	10/28/2014	Date of Injury:	01/24/2011
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 24, 2011. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier MRI imaging of May 23, 2014, notable for multilevel disk desiccation, osteophytic changes, and disk bulges/disk protrusion of uncertain clinical significance; and unspecified amounts of physical therapy; extensive periods of time off of work; and earlier knee surgery. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for a lumbar MRI. The applicant's attorney subsequently appealed. In a handwritten note dated September 24, 2014, the applicant was kept off of work, on total temporary disability. The note was very difficult to follow, handwritten, not entirely legible. The lumbar MRI in question was apparently sought via September 25, 2014 request for authorization (RFA) form. No narrative rationale or commentary was attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat 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 diagnosis is 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 or around the date in question. The attending provider's handwritten progress note did not contain any rationale for the MRI study in question. It was not stated how the proposed MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.