MAXIMUS Federal Services

Case Number:	CM14-0179723		
Date Assigned:	11/04/2014	Date of Injury:	03/01/2011
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 March 1, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim; extensive periods of time off of work. In a Utilization Review Report dated September 24, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator noted that the applicant had alleged pain secondary to cumulative trauma as opposed to a specific, discrete injury. The claims administrator stated that it was basing its denial on an RFA form dated September 24, 2014. In an April 30, 2012 Medical-legal Evaluation, it was acknowledged that the applicant was off of work, on total temporary disability, as of this point in time. In a handwritten note dated September 17, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck, back, and knee pain. The applicant was six months removed from a total knee arthroplasty, it was stated. Lumbar MRI imaging was sought. The applicant was asked to continue aquatic therapy in the interim. In a September 3, 2014 narrative report, the applicant reported multifocal complaints of neck, back, and bilateral knee pain, ranging from 5-7/10. The applicant denied any lower extremity paresthesia and stated that her heel pain represented focal heel pain exacerbated by standing and walking. The applicant had some recent psychotherapy. The applicant was reportedly using Lyrica, Prilosec, and Norco. The applicant was asked to continue Lyrica, Prilosec, and acupuncture. The applicant's work status was not clearly stated. The applicant exhibited some lumbar paraspinal tenderness on exam and also had strength about the lower extremities ranging from 5-/5 to 5/5, with give-away weakness noted.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would, in fact, act on the results of the proposed lumbar MRI and/or consider any surgical intervention involving the lumbar spine. The request in question was initiated via handwritten progress note, with little to no narrative commentary or statement as to why the MRI in question was being sought. Therefore, the request is not medically necessary.