

Case Number:	CM14-0023731		
Date Assigned:	05/12/2014	Date of Injury:	09/01/1999
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/25/2014

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 September 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of chiropractic manipulative therapy; prior lumbar laminectomy; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that the applicant could benefit from physical therapy. The applicant's attorney subsequently appealed. A November 1, 2013 progress note was notable for comments that the applicant reported persistent low back pain, 5-7/10. Tenderness and limited lumbar range of motion were noted secondary to pain. 5/5 lower extremity strength was noted despite positive straight leg raising. Manipulative treatment, myofascial release, electrical muscle stimulation, and ultrasound were sought. The applicant was described as "permanently disabled." In a September 26, 2013 progress note, the applicant was described as reporting persistent 7/10 pain. 5/5 lower extremity strength was again appreciated with intact sensation and reflexes. It was stated that the applicant did have painful lumbar range of motion. It was stated that the applicant needed an "updated" lumbar MRI. No rationale for the study in question was provided. The request was initiated by the applicant's primary treating provider, a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 and/or red-flag diagnoses are being evaluated. In this case, however, there was no mention, insinuation, or suggestion that the applicant was considering or contemplating further lumbar spine surgery. There was no evidence, mention, or suspicion of any red-flag diagnoses such as fracture, tumor, or cauda equina syndrome for which lumbar MRI imaging would be indicated. Therefore, the request was not medically necessary.