

Case Number:	CM14-0024549		
Date Assigned:	06/11/2014	Date of Injury:	05/03/2012
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 reportedly associated with an industrial injury of May 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 17, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that there was no evidence that the applicant was a surgical candidate here. The rationale was somewhat sparse. The applicant's attorney subsequently appealed. In a January 13, 2014, progress note, the applicant was described as having persistent complaints of low back pain, nagging. The applicant was described as still exercising. The applicant had unremarkable reflexes, strength, and seated straight leg raising, it was suggested. The applicant was given diagnosis of lumbar myofibrosis, lumbar MRI imaging, physical therapy, and home exercises were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that the applicant is surgical candidate. The applicant's well preserved lower extremity neurologic function argues against the need for a surgical remedy here, as is the fact that the applicant has apparently returned to regular duty work. There was no mention or suspicion of any red flag diagnosis such as fracture, tumor, infection, etc., being present here. Therefore, the request is not medically necessary.