

Case Number:	CM14-0029162		
Date Assigned:	06/16/2014	Date of Injury:	08/29/2007
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 August 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy over the life of the claim. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator did not, however, incorporate any cited guidelines into its rationale and stated that the applicant likely had earlier lumbar MRI imaging, the results of which would likely obviate the need for further MRI imaging at this point in time, were they available. In a record review report of February 14, 2014, the applicant's current primary treating provider (PTP) noted that the applicant had had earlier lumbar MRI imaging of January 31, 2012, notable for evidence for disk protrusion at L4-L5 possibly impinging upon the right L4 nerve root. A January 21, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain, 6-7/10, sometimes radiating to the right leg. The applicant was also having issues with panic attacks and depression. The applicant was not working, it was stated. The applicant exhibited limited lumbar range of motion on examination along with an umbilical hernia. It was stated that the applicant had 55 pounds. A psychiatry consultation, 12 sessions of chiropractic manipulative therapy, a TENS unit, lumbar MRI, and electrodiagnostic testing were sought. In an earlier note of December 3, 2013, the applicant was described as having an intact lower extremity and neurologic exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 is no mention of the applicant's actively considering or contemplating lumbar spine surgery. There is no evidence or suspicion of any red flag diagnoses such as fracture, tumor, infection, cauda equina syndrome, etc., present here. It is further noted that the applicant's well preserved lower extremity neurologic function argues against any focal neurologic compromise and/or suggested that the applicant is not, in fact, a surgical candidate. Therefore, the request is not medically necessary.