MAXIMUS Federal Services

Case Number:	CM14-0035924		
Date Assigned:	06/23/2014	Date of Injury:	10/26/2011
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 October 26, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim; adjuvant medications; and computerized range of motion testing/functional capacity testing.In a progress note dated February 28, 2014, the claims administrator denied a request for lumbar MRI imaging, citing non-MTUS ODG Guidelines alongside MTUS Guidelines.The applicant's attorney subsequently appealed.In a handwritten note dated December 17, 2013, the applicant presented with persistent complaints of low back pain. The progress note employed preprinted checkboxes and did not furnish any narrative commentary. MRI imaging, epidural steroid injection therapy, and a pain management consultation were seeming endorsed while the applicant was placed off of work, on total temporary disability. The note was extremely difficult to follow and was not entirely legible.Multiple progress notes interspersed throughout the claim were notable for comments that the applicant remained off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent MRI of Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute.

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 clear mention of the applicant's actively considering or contemplating lumbar spine surgery. There is no mention of red flag diagnoses such as cauda equina syndrome, fracture, tumor, infection, etc. being suspected here. Therefore, the request for an MRI of the Lumbar Spine without contrast is not medically necessary.