

Case Number:	CM14-0042908		
Date Assigned:	06/30/2014	Date of Injury:	08/08/2005
Decision Date:	12/10/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2005. Thus far, the injured worker 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. In a Utilization Review Report dated March 28, 2014, the claims administrator did not approve a request for lumbar MRI, citing a lack of reproducible neurologic deficit. The claims administrator stated in its Utilization Review Report that its denial was based on a February 19, 2014 progress note and associated March 13, 2014 Request for Authorization (RFA) form. The injured worker's attorney subsequently appealed. In a July 18, 2014 pain management consultation, the injured worker reported ongoing complaints of neck and bilateral shoulder pain. The injured worker's neck pain was radiating into the right arm. Twelve sessions of physical therapy, x-rays of the right shoulder, x-rays of the cervical spine, and trigger point injections were endorsed. It was stated that the injured worker had not had any diagnostic testing and was working with a 10-pound lifting limitation in place. In a February 19, 2014 progress note, the injured worker reported ongoing complaints of neck, upper back, and lower back pain, which she reported were severe and excruciating. The injured worker was depressed. The injured worker exhibited limited lumbar range of motion. A normal motor exam was appreciated with positive straight leg raising also noted. Sacroiliac joint tenderness was appreciated. The injured worker received SI joint injections in the clinic setting. The attending provider stated that he was recommending a lumbar MRI scan but did not state for what purpose said MRI was being proposed. In a Medical-legal Evaluation dated October 28, 2013, the Medical-legal evaluator alluded to earlier MRI imaging of the sacrum and coccyx performed on March 24, 2011 suggestive of osteoarthritic changes appreciated about the SI joint region.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: 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 reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, there was no mention of the injured worker's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question, February 19, 2014. On that date, the injured worker received sacroiliac joint injections, as the attending provider believed that the injured worker's SI joints were the primary pain generator here. No rationale for the proposed lumbar MRI was proffered by the attending provider. The multifocal nature of the injured worker's complaints, which included the neck, mid back, and bilateral shoulders, with superimposed depressive symptoms, make it unlikely that the injured worker would be considered for a specific surgical intervention involving the lumbar spine. Therefore, the proposed lumbar MRI is not medically necessary.