

Case Number:	CM14-0055082		
Date Assigned:	07/09/2014	Date of Injury:	02/24/2011
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 February 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator stated that the attending provider had not signaled intent to act on the results of the study in question and had simply requested study because the applicant had not had any prior studies since 2011. The claims administrator did not, however, incorporate cited MTUS or non-MTUS guidelines into its rationale. The applicant's attorney subsequently appealed. On February 19, 2014, the applicant presented with 7/10 low back pain, constant, not radiating to either lower extremities, it was further noted. The applicant was described as a morbidly obese 21-year-old, standing 5 feet 5.5 inches tall and weighing 261 pounds. Limited, painful lumbar range of motion was noted with normal heel and toe ambulation. Repeat lumbar MRI imaging was ordered on the grounds that the applicant had not had any MRI imaging since August 2011. Physical therapy, manipulative therapy, topical Voltaren gel, plain film x-rays, and a rather proscriptive 10-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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.

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 red flag diagnoses are being evaluated or surgery is being considered. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention or surgical remedy in-so-far as the lumbar spine is concerned. As noted by the claims administrator, the attending provider seemingly sought MRI imaging on a routine basis for evaluation purposes with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.