

Case Number:	CM14-0058451		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2013
Decision Date:	09/10/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/29/2014

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 December 2, 2013. 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 physical therapy. In a utilization review report dated April 7, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In progress note dated June 9, 2014, the applicant was described as having persistent complaints of low back pain with tightness. The applicant had no complaints of radiating pain to the legs and no significant lumbar spine appreciated. Overall level of pain was scored as 3/10 and a mild aching or tightness. Negative straight leg raising, normal gait, symmetric reflexes, and well-preserved range of motion were noted. Regular duty work was endorsed. On May 15, 2014, the applicant was again described as doing well. Intermittent low back discomfort was noted with intermittent radiation of pain to the groin region. Well preserved range of motion, negative straight leg raising, and symmetric reflexes were noted. The applicant was again returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, however, the applicant's low back issues appear to be trending towards spontaneous resolution. The applicant does not appear to be considering contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. The applicant's low back pain is described as a mild discomfort. The applicant is working regular duty. The applicant had normal lower extremity neurologic exam without any radicular complaints, it is further noted. For all the stated reason, then, the proposed lumbar MRI is not medically necessary.