

Case Number:	CM14-0069936		
Date Assigned:	07/02/2014	Date of Injury:	07/12/2011
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 June 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and reported return to regular duty work. In a utilization review report dated March 20, 2014, the claims administrator denied a request for lumbar MRI imaging, citing handwritten and difficult to follow notes on the part of the attending provider as apparently providing a poor foundation for the study in question. A handwritten note dated February 20, 2014 was quite difficult to follow, not entirely legible, and notable for comments that the claimant was given an operating diagnosis of chronic back pain. The claimant was returned to regular duty work. Norco was issued for pain relief. MRI imaging of the lumbar spine was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar and Thoracic.

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. In this case, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery or that the claimant carries any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would compel lumbar MRI imaging. Again, the documentation of file is sparse, handwritten, difficult to follow, not entirely legible and does not provide any rationale for the study in question. Therefore, the request is not medically necessary.