

Case Number:	CM14-0089783		
Date Assigned:	09/10/2014	Date of Injury:	07/31/2011
Decision Date:	10/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 July 31, 2011. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS ODG Guidelines. The claims administrator stated that the applicant had had two prior lumbar MRIs and that there was no evidence of any significant deterioration in the applicant's pain so as to compel repeat MRI imaging. The applicant's attorney subsequently appealed. In an August 20, 2013 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral legs, 6/10. The attending provider complained that the applicant had been denied a surgical evaluation. The applicant had reportedly failed multiple SI joint blocks, it was stated. Persistent complaints of low back pain were reported. 5/5 bilateral lower extremity strength was noted with diminished sensorium noted about the entire right leg. The attending provider apparently sought authorization for another SI joint diagnostic block. In one section of the note, the attending provider stated that the applicant had no significant lumbar disk protrusion, canal stenosis, or foraminal stenosis. The applicant was placed off of work, on total temporary disability. On July 20, 2014, the attending provider sought authorization for consultation with an SI joint specialist. It was stated in one section of the note that the applicant might have a questionable disk bulges at various levels, while other sections of the report stated that the applicant had no significant lumbar disk protrusion, canal stenosis, or foraminal stenosis. On May 27, 2014, the attending provider stated that the applicant might have sacroiliac joint pathology versus an L5-S1 disk injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) 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

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 clear evidence that the applicant is in fact actively considering or contemplating any kind of surgical remedy involving the lumbar spine. The attending provider's progress notes fail to explicitly state that the applicant was actively considering or contemplating a surgical remedy for lumbar radiculopathy. Therefore, the request is not medically necessary.