

Case Number:	CM14-0091701		
Date Assigned:	07/25/2014	Date of Injury:	03/17/2014
Decision Date:	10/02/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/17/2014

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 March 17, 2014. 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; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 24, 2014, the claims administrator denied a request for lumbar MRI imaging, reportedly on the grounds that the applicant did not have any bona fide neurologic deficits. The claims administrator also stated that there was no evidence that the applicant had failed conservative treatment, although the applicant was some two months removed from the date of injury as of the date of the Utilization Review Report. The claims administrator, in its catalogue of records, stated that it had based its decision on a request for authorization form dated May 15, 2014. This May 15, 2014 note, however, does not appear to have been incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 3, 2014, the applicant reported persistent complaints of 7-8/10 low back pain radiating to the left leg, intermittent, exacerbated by prolonged standing and walking. The applicant reportedly exhibited negative straight leg raising with a slightly antalgic gait. The note was extremely difficult to follow. Toradol injection, Motrin, and physical therapy were endorsed, along with a rather proscriptive 5-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgical intervention is being considered or red flag diagnoses are being evaluated. In this case, however, the handwritten progress note on file failed to make any mention of surgical intervention being considered or contemplated here. There was no mention of any suspected red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would compel the MRI imaging study in question. It is noted, however, that the claims administrator did seemingly have access to a May 15, 2014 request for authorization form which was not incorporated into the Independent Medical Review packet. The information that is on file, however, does not support the request at hand. Therefore, the request is not medically necessary.