

Case Number:	CM14-0098361		
Date Assigned:	07/28/2014	Date of Injury:	06/05/2014
Decision Date:	11/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 5, 2014. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for MRI imaging of the lumbar spine with and without contrast, invoking non-MTUS Third Edition ACOEM Guidelines at the bottom of its report. These guidelines were not, however, incorporated into the report rationale. The claims administrator stated that there was no evidence that conservative treatment had been tried and failed before the MRI in question was sought. The applicant's attorney subsequently appealed. In a progress note dated June 12, 2014, the applicant reported complaints of back and shoulder pain. The applicant was diabetic, it was noted. The applicant was on baclofen, naproxen, and metformin. The applicant was given a rather proscriptive 10-pound lifting limitation. It was stated at the bottom of the report that the applicant had a lumbar radiculopathy process evident here. The applicant's BMI was 30. A rather proscriptive 10-pound lifting limitation was endorsed. Physical therapy was ordered. MRI imaging of the lumbar spine was sought.

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, With and Without Contrast, Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. There was no mention of any red-flag signs, symptoms, or diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would compel early MRI imaging. Therefore, the request is not medically necessary.