

Case Number:	CM13-0014230		
Date Assigned:	10/02/2013	Date of Injury:	05/19/2006
Decision Date:	04/15/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65-year-old [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2006. In a Utilization Review Report dated August 8, 2013, the claims administrator failed to approve a request for lumbar MRI imaging. An RFA form of August 1, 2013 was referenced. In said RFA form dated August 1, 2013, the attending provider sought authorization for lumbar MRI imaging with and without contrast, noting that the applicant carried a diagnosis of chronic low back pain status post earlier failed lumbar spine surgery. In a handwritten note dated July 22, 2013, the applicant reported ongoing complaints of low back pain, reportedly poorly controlled. The applicant was asked to employ Lyrica and OxyContin for pain relief. The applicant's work status was not detailed. Additional physical therapy was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/lowback; table 2, summary of recommendations, Low Back>

Disorders.Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi.TX. www.odg-twc.com; Section: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 309.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is the test of choice for applicants who have had prior back surgery, as apparently transpired here, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. No clinical progress notes were attached to the August 1, 2013 RFA form. A handwritten note of July 22, 2013 made no mention of the applicant's considering any kind of surgical intervention involving the lumbar spine. No rationale for the lumbar MRI in question was furnished. Therefore, the request was not medically necessary.