MAXIMUS Federal Services

Case Number:	CM14-0123722		
Date Assigned:	08/08/2014	Date of Injury:	05/28/2010
Decision Date:	03/04/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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, Ohio, 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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 20, 2010.In a Utilization Review Report dated July 9, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. A July 1, 2014 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On June 20, 2014, the applicant reported persistent complaints of left hip pain some 17 weeks removed from a total hip arthroplasty. The applicant's medication list included Norco, morphine, Soma, Pristiq, Flexeril, Phenergan, and Colace. The applicant's BMI was 31. The applicant exhibited 4-/5 to 4/5 hip strength. The applicant was using a cane to move about. The applicant's BMI was 31. The applicant's primary presenting complaint was left lateral hip stiffness. The applicant was on permanent disability, the treating provider acknowledged. The applicant did exhibit normal sensorium about the feet and normal distal motor function including about the plantar flexors and ankle dorsiflexors. New lumbar MRI was endorsed. The attending provider stated that the applicant carried diagnosis of lumbar degenerative disk disease, radiculopathy, and possible stenosis. The attending provider was concurrently referred to a physiatrist. The requesting provider was a physician assistant (PA).

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 Page(s): 287, 303. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), 2014, Indications for imaging - Magnetic Resonance Imaging

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

Decision rationale: No, the proposed lumbar MRI is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM 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/is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the procedure in question. The applicant did, it is incidentally noted, possess normal distal lower extremity motor function, as well as normal lower extremity sensorium. The requesting provider also acknowledged that the applicant's primary pain generator was the left hip. The requesting provider, furthermore, was a physician assistant (PA), not a surgeon, reducing the likelihood that the applicant was acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. There was in short, neither an explicit statement (nor an implicit expectation) that the applicant would consider surgical intervention based on the outcome of the study in question. Therefore, the request is not medically necessary.