

Case Number:	CM14-0141931		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2013
Decision Date:	07/22/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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, 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review report dated August 11, 2014, the claims administrator failed to approve a request for a lumbar MRI. The claims administrator referenced a RFA form received on August 24, 2014 in its determination. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported multifocal complaints of low back, leg, upper back, mid back, and shoulder pain, collectively rated at 5-6/10. The applicant was on Motrin for pain relief. The applicant was asked to pursue electrodiagnostic testing of the bilateral lower extremities, MRI imaging of the shoulder, MRI imaging of the foot, MRI imaging of the lumbar spine, and MRI imaging of the thoracic spine. Twelve sessions of physical therapy, Motrin, and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. It was not stated how the proposed lumbar MRI would influence or alter the treatment plan.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (updated 7/3/14) MRIs.

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

Decision rationale: No, the proposed lumbar MRI was 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. Here, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. On the May 21, 2014 progress note at issue, the attending provider ordered four different MRIs, including MRIs of the thoracic spine, lumbar spine, shoulder, and foot, significantly reducing the likelihood of the applicant's going on to act on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. It appeared, thus, that the studies were ordered for routine evaluation purposes, without any intent to act on the results of the same. Therefore, the request is not medically necessary.