

Case Number:	CM14-0186821		
Date Assigned:	11/14/2014	Date of Injury:	09/04/2014
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 chronic low back and shoulder pain reportedly associated with industrial injury of July 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and extension periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In an October 6, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant had not worked since June 13, 2014, it was acknowledged. The attending provider acknowledged that physical therapy and acupuncture had generated only fleeting relief in the past. Urine drug testing, 12 sessions of physical therapy, and new lumbar MRI were endorsed, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back 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. Here, 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. All evidence on file pointed to the applicant having an uncomplicated lumbar strain. The request in question was initiated on the applicant's first office visit with the requesting provider. It appears unlikely, thus, that the applicant would act on the results of the proposed lumbar MRI imaging study and/or consider surgical intervention, based on the outcome of the same. Therefore, the request is not medically necessary.