

Case Number:	CM14-0189259		
Date Assigned:	11/20/2014	Date of Injury:	07/26/2012
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 reportedly associated with an industrial injury of July 26, 2012. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve requests for repeat 3D imaging of the lumbar spine. The claims administrator invoked non-MTUS-ODG guidelines outright in its denial. The claims administrator stated that its decision was based on a September 9, 2014 progress note. In a progress note dated September 9, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant stated that she developed issues with anxiety, depression, and difficulty functioning. The applicant stated that she would like to continue with acupuncture. Electrodiagnostic testing was apparently sought in the body of the report. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. Lumbar MRI imaging was sought "repeat lumbar MRI" via a handwritten order form dated September 11, 2014 and a RFA form dated September 15, 2014. No clinical progress notes were attached to the same. The requesting provider was a chiropractor (DC), it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat 3D MRI, (Lumbar Spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 11th Edition(web) 2014, Low Back

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 contemplated. Here, however, 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. The requesting provider was a chiropractor, not a spine surgeon, making it less likely that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention involving the same. The RFA form in question was not attached to a progress note. No mention was made for the need for lumbar MRI imaging in the September 9, 2014 progress note accompanying the RFA form at issue. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention here. Therefore, the request is not medically necessary.