

Case Number:	CM14-0189267		
Date Assigned:	11/17/2014	Date of Injury:	07/26/2012
Decision Date:	01/07/2015	UR Denial Date:	10/01/2014
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 pain reportedly associated with an industrial injury of July 26, 2012. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In an October 24, 2014 progress note, the applicant's primary treating provider, a chiropractor, stated that the applicant had persistent complaints of low back pain radiating to the left leg. Positive straight leg was appreciated. The requesting provider alluded to earlier lumbar MRI imaging, undated, notable for a 3-mm disk protrusion at L5-S1 generating associated mild effacement of the thecal sac and a 4-mm disk bulge at L2-L3 with associated abutment of the descending L3 nerve roots bilaterally. The attending provider stated that he was appealing a previously denied lumbar MRI. Authorization for psychology consultation was sought to address the applicant's issues of anxiety and depression. In a July 1, 2014 initial chiropractic evaluation, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 9/10. The applicant also reported ancillary complaints of stress, anxiety, depression, mood swings, and insomnia. The applicant was using Motrin for pain relief. Acupuncture, electrodiagnostic testing, and a psychological medical-legal evaluation were sought. Work restrictions imposed by a medical-legal evaluator were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In this case, however, there was 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 proposed lumbar MRI. It is further noted that the applicant has seemingly had prior lumbar MRI imaging which did establish a diagnosis of lumbar radiculopathy. It is not clear why repeat lumbar MRI imaging is being sought here. The requesting provider, furthermore, was a chiropractor, not a spine surgeon, making it less likely that the applicant would act on the results of the proposed lumbar MRI imaging and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.