

Case Number:	CM14-0189393		
Date Assigned:	11/20/2014	Date of Injury:	01/31/2014
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
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 elbow and low back pain reportedly associated with an industrial injury of June 31, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve request for lumbar MRI imaging. The claims administrator stated that its decision was based on a progress note of October 24, 2014. The claims administrator stated that the attending provider failed to document a compelling evidence of failure of conservative care. The applicant's attorney subsequently appealed. In progress note dated October 24, 2014, the applicant reported ongoing complaints of neck, low back, and knee pain. The applicant had had apparently completed at least 12 sessions of physical therapy/occupational therapy. The note was very difficult to follow and mingled old complaints and current complaints. The applicant was moving well. Slightly limiting lumbar range of motion was noted with 5/5 bilateral lower extremity strength and symmetric reflexes appreciated. X-rays of the lumbar spine, MRI imaging of lumbar spine, Mobic, and regular duty work were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 evaluated. Here, however, the applicant has returned to regular duty work. The applicant was possessed of well-preserved, normal lower extremity neurologic function on the October 24, 2014 office visit on which MRI imaging was sought. The applicant's low back pain was described as mild on that date. There was, in short, 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 involving the same. Therefore, the request is not medically necessary.