

Case Number:	CM14-0198695		
Date Assigned:	12/09/2014	Date of Injury:	09/21/2014
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 low back pain reportedly associated with an industrial injury of December 21, 2014. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an October 20, 2014 progress note, in its denial. The applicant's attorney subsequently appealed. In said October 20, 2014 progress note, difficult to follow, not entirely legible, blurred as a result of repetitive photocopying, the applicant reported persistent complaints of dull, mild low back pain x29 days, non-radiating. The applicant was apparently working with limitations in place. The applicant denied any lost time as a result of the injury. Somewhat incongruously, the attending provider then noted in a second section of the report that the applicant reported 9/10 pain, the applicant exhibited symmetric upper extremity reflexes, normal ambulation, normal heel and toe ambulation, and no weakness of the lower extremities on neurologic exam. Additional chiropractic manipulative therapy was sought while MRI imaging and work restrictions were concomitantly endorsed.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnosis is being evaluated. In this case, the October 20, 2014 progress note made no mention of surgeries being considered or recommended. In addition, it is noted that the injured worker has well preserved lower extremity motor function and normal gait. Based on this, it argues against the presence of any significant lower extremity motor compromise that would warrant preoperative lumbar MRI imaging. Therefore, the request is not medically necessary.