MAXIMUS Federal Services

Case Number:	CM14-0205178		
Date Assigned:	12/17/2014	Date of Injury:	10/09/2010
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 October 9, 2010. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an October 24, 2014 RFA form in its determination. The applicant had a lengthy history of treatment involving the cervical spine, shoulder, and the lumbar spine, the claims administrator noted. The applicant received multiple epidural steroid injections, manipulative therapy, and physical therapy; and earlier shoulder surgery in June 2012, the claims administrator noted. The applicant's attorney subsequently appealed. In a November 18, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant was status post lumbar and cervical epidural steroid injection. The attending provider sought authorization for an "updated" lumbar MRI. The requesting provider was a pain physician. The applicant's work status was not clearly detailed. On December 15, 2014, the applicant reported persistent complaints of low back pain radiating into legs and neck pain radiating into the arms. The applicant reported Hyposensorium about the legs. Lumbar MRI imaging was again sought. On October 21, 2014, the attending provider stated that he was seeking updated lumbar MRI imaging for the purposes of identifying current structural insult and/or current structural defects.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: No, the proposed lumbar MRI is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM 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 mention of the applicant's willingness to consider surgical intervention based on the outcome of the study in question. Rather, it appeared that the attending provider and/or applicant were intent on pursuing lumbar MRI imaging largely for academic or evaluation purposes, to identify structural insults, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.