MAXIMUS Federal Services

Case Number:	CM14-0205342		
Date Assigned:	12/17/2014	Date of Injury:	09/16/2014
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
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]. beneficiary who has filed a claim for neck pain, low back pain, and headaches reportedly associated with an industrial injury of September 16, 2014.In a November 17, 2014 utilization review report, the claims administrator denied a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on November 11, 2014 in its determination.The applicant's attorney subsequently appealed.In a progress note dated November 7, 2014, the applicant reported persistent complaints of low back pain, neck pain, headaches, and dizziness, cumulatively scored at 6/10. The applicant did have superimposed issues with hypertension and diabetes. The applicant was 17 years old, it was incidentally noted. The applicant exhibited a steady gait. 5/5 upper and lower extremity strength were appreciated. The applicant was given a diagnosis of concussion and postconcussion syndrome. MRI imaging of the brain and MRI imaging of the lumbar spine were endorsed. The applicant was asked to employ Tylenol as needed for headaches and consider gabapentin for headache prophylaxis if his headaches persisted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L-Spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

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 reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was/is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. Rather, the applicant's neurologist seemingly ordered the lumbar MRI on November 7, 2014, for academic or evaluation purposes, to address issues with dizziness associated with the applicant's primary presenting complaint of headaches. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. Issues with lumbar spine pain were not even the principal presenting complaints. Therefore, the request is not medically necessary.