

Case Number:	CM14-0206631		
Date Assigned:	12/18/2014	Date of Injury:	07/16/2013
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 low back pain, left arm pain, and hearing loss reportedly associated with an industrial injury of July 16, 2013. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a lumbar MRI while approving a psychiatry consultation. The claims administrator referenced an October 20, 2014 progress note and associated RFA form in its determination. The claims administrator noted that the applicant had a history of earlier left forearm foreign body removal, irrigation, and wound debridement surgery. The applicant had residual issues with shoulder and elbow pain. The claims administrator referenced non-MTUS ODG Guidelines in its determination. It is not clearly stated whether the request was a first-time request or renewal request. The applicant attorney subsequently appealed. In a June 2, 2014 progress note, the applicant reported persistent complaints of low back and left elbow pain, 4 to 6/10. The applicant was not working. The applicant was on Zestril. The attending provider suggested that the applicant pursue eight sessions of physical therapy and remain off of work, on total temporary disability. On August 28, 2014, the applicant reported 5/10 elbow, forearm, and low back pain. The applicant was, once again, placed off of work, on total temporary disability, while additional physical therapy was sought. In a medical-legal evaluation dated September 8, 2014, the applicant reported persistent complaints of left elbow and low back pain. The applicant had 26 sessions of physical therapy and remained off of work, it was acknowledged. The applicant had undergone earlier foreign body removal procedure involving the left forearm. The applicant was given a diagnosis of chronic low back pain with mild degenerative disk disease noted on plain films of the lumbar spine taken in the clinic. The attending provider stated that the applicant's low back pain was "not much of an issue." The applicant did exhibit a normal gait with no limp. The applicant was not given any formal

limitations. In an October 20, 2014 progress note, the applicant reported 3/10 low back pain, exacerbated by bending and stooping. Myofascial tenderness was noted with palpable tender points noted about the lumbar spine. A psychiatry elevation and lumbar MRI imaging were endorsed. The attending provider stated that he was ordering lumbar MRI imaging for evaluation purposes, to define the structure noted in the applicant's lumbar spine.

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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary (updated 8/22/4)

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

Decision rationale: 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 reversed for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, however, there was/is no mention of the applicant's willingness to undergo any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider made no mention of the applicant's willingness to undergo any kind of surgical intervention on the date the lumbar MRI was sought, on October 29, 2014. In an earlier medical-legal evaluation of September 18, 2014, the applicant reported that her low back pain was not a primary pain generator. It does not appear, in short, that the proposed lumbar MRI imaging would appreciably influence or alter the treatment plan. Therefore, the request is not medically necessary.