

Case Number:	CM14-0213884		
Date Assigned:	02/04/2015	Date of Injury:	02/02/2013
Decision Date:	03/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 February 2, 2013. In a utilization review report dated December 2, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator referenced a November 19, 2014 progress note in its determination. The claims administrator stated that the applicant had 7/10 low back pain complaints on that date. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of low back and left knee pain. The applicant was on Advil and Flexeril for pain relief. The applicant exhibited a slightly antalgic gait. The applicant was using a cane to move about. The attending provider sought authorization for MRI imaging of the knee on the grounds that the applicant's qualified medical evaluator (QME) had recommended the same. The applicant did exhibit myofascial tenderness about the lumbar spine with symmetric reflexes noted about the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 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 mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the MRI study in question. Rather, it appeared that the attending provider was ordering the MRI study for academic or evaluation purposes, at the behest of the applicant's medical-legal evaluator. There was, thus, 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 based on the outcome of the same. Therefore, the request was not medically necessary.