

Case Number:	CM15-0004913		
Date Assigned:	06/25/2015	Date of Injury:	04/22/2014
Decision Date:	11/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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, New York, 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 63-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 22, 2014. In a utilization review report dated December 9, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an October 20, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On said October 20, 2014 office visit, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities, 4-8/10. The applicant was not working, the treating provider reported, and had last worked in April 2014. The treating provider stated that the applicant had not had MRI or CT scan of the neck and back. At another section of the note, it was stated that the applicant's neck pain complaints were predominant and that the applicant had ancillary complaints of low back and left shoulder pain. 4+ to 5-/5 bilateral upper extremity strength was reported. The applicant was given diagnoses of cervical and lumbar radiculopathy. MRI studies of the cervical and lumbar spines were sought. The applicant was given an extremely proscriptive 5-pound lifting limitation, apparently resulting in her removal from the workplace. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The attending provider stated in another section of the note that the applicant did not have any lower extremity radicular pain complaints. On November 17, 2014, the attending provider again acknowledged that the applicant was not working. The attending provider acknowledged the bulk of the applicant's pain complaints were confined to the neck and upper extremities. Only incidental mention was made of the applicant's low back pain complaints. The applicant denied any lower

extremity radicular pain complaints, it was stated. Naprosyn, Pamelor, MRI imaging of the cervical spine, MRI imaging of the lumbar spine, and chiropractic manipulative therapy were endorsed while the rather proscriptive 5-pound lifting limitation was renewed.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for MRI imaging of the lumbar spine was 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, however, there was 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 study in question. It was not stated how (or if) the proposed lumbar MRI would have influenced or altered the treatment plan on progress notes of October 20, 2014 and November 17, 2014. The attending provider reported on both dates that the applicant did not have any active lower extremity radicular pain complaints. Only incidental mention was made of the applicant's low back pain issues as the bulk of information on file revolved around discussion of the applicant's primary presenting complaint of neck pain. It did not appear, thus, that there was either an explicit statement or an implicit expectation that the applicant would act on the results of the study in question and/or go onto consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.