

Case Number:	CM15-0101851		
Date Assigned:	06/04/2015	Date of Injury:	04/03/2013
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2013. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a May 5, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a December 23, 2014 progress note, the applicant consulted a spine surgeon reporting ongoing complaints of neck, low back, and bilateral shoulder pain. The attending provider suggested that the applicant obtain the results of previously performed lumbar MRI and cervical MRI imaging and follow up in three to four weeks so as to obtain more definitive treatment recommendations. On April 30, 2015, the applicant reported ongoing complaints of neck pain with right hand paresthesias and ancillary complaints of low back pain with radiation of pain to the lower extremities was reported. The applicant was not working. The applicant was overweight, with BMI of 30. The attending provider placed the applicant off of work, on total temporary disability. Limited lumbar range of motion was noted on exam with mildly positive right sided straight leg raising. No motor or sensory abnormalities were appreciated. The attending provider suggested that the applicant obtain the previously performed cervical and lumbar MRI studies. The attending provider did not, however, state that he was intent on offering the applicant any kind of surgical intervention involving the 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.

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

Decision rationale: No, the request for lumbar MRI imaging 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, the requesting provider did not clearly state in his April 30, 2015 progress note that he was intent on acting on the results of the lumbar MRI at issue. Neither the attending provider nor the applicant stated that spine surgery was a realistic option or realistic consideration. The attending provider's April 30, 2015 progress note, furthermore, seemingly suggested that the applicant should obtain the results of previously performed lumbar MRI imaging as opposed to obtaining de novo imaging. Therefore, the request was not medically necessary.