

Case Number:	CM15-0106354		
Date Assigned:	06/10/2015	Date of Injury:	04/20/2010
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2010. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator seemingly employed a non-MTUS reference in the form of "page 701" of the ACOEM Practice Guidelines. The claims administrator referenced a RFA form received on April 22, 2015 in its determination, along with an associated progress note of April 10, 2015. The applicant's attorney subsequently appealed. On May 10, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain with active right-sided radicular pain complaints. The applicant was asked to obtain CT myelography and plain film imaging of the lumbar spine at that point. On February 6, 2015, the applicant was again placed off of work, on total temporary disability, owing to ongoing pain complaints. In a handwritten note dated March 6, 2015, difficult to follow, not entirely legible, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the left leg. In a handwritten note dated April 10, 2015, the applicant reported ongoing complaints of low back pain radiating into right leg. Ancillary complaints of insomnia were reported. The applicant was again placed off of work, on total temporary disability. The applicant did exhibit a visible limp with limited lumbar range of motion noted. No frank neurologic deficits were, however, evident. Lumbar MRI imaging was sought, without much supporting rationale or commentary.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the proposed MRI 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, the attending provider's progress note of April 10, 2015 was sparse, thinly developed, handwritten, and did not set forth a clear or compelling case for the lumbar MRI. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the same. It was not clearly stated or clearly established how (or if) the proposed lumbar MRI would influence or alter the treatment plan. Rather, it appeared that the applicant had longstanding, unchanged, stable, and/or ongoing low back pain with associated radicular pain complaints. Therefore, the request was not medically necessary.