

Case Number:	CM15-0108938		
Date Assigned:	06/15/2015	Date of Injury:	09/17/2003
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 17, 2003. In a Utilization Review report dated May 8, 2015, lumbar MRI imaging was denied. The claims administrator referenced a RFA form dated April 30, 2015 and an associated progress note of April 13, 2015. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of low back pain with radiating pain to left thigh. The attending provider posited that the applicant's pain complaints could represent a function of lateral femoral cutaneous nerve impingement versus sciatica. Earlier lumbar MRI imaging of September 2009 was notable for multilevel degenerative disease and grade I anterolisthesis of uncertain clinical significance. Dysesthesia was noted about the left thigh. Lumbar MRI imaging was endorsed while Flexeril, Voltaren, and Norco were prescribed. The requesting provider was a physiatrist, it was reported. The applicant's work status was not furnished. The attending provider seemingly stated that the lumbar MRI imaging was being proposed for the purpose of assessing the presence or absence of any interval structural changes at the L5-S1 level. On June 1, 2015, the attending provider reiterated his request for lumbar MRI imaging, noting ongoing complaints of low back pain radiating to the left leg, Dysesthesia about the left thigh, and the absence of any frank weakness noted on manual muscle testing. Norco, Mobic, and Flexeril were renewed. Once again, it was stated that the applicant had issues with lumbar degenerative disease and myofascial pain complaints.

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), Low Back Chapter.

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. Reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the requesting provider, a physiatrist, stated that he was ordering lumbar MRI imaging largely for the purpose of assessing structural changes in the applicant's lumbar spine and comparing said structural changes against historical MRI imaging performed several years prior. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The fact that the requesting provider was a physiatrist reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.