

Case Number:	CM15-0131393		
Date Assigned:	07/17/2015	Date of Injury:	02/07/2012
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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 53-year-old who has filed a claim for neck and low back pain with ancillary complaints of wrist pain and headaches reportedly associated with an industrial injury of February 7, 2012. In a Utilization Review report dated July 5, 2015, the claims administrator failed to approve a request for an updated lumbar MRI. The claims administrator referenced a June 20, 2015 RFA form and associated progress note of June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant was using H-wave device and Nucynta, it was reported. The applicant was depressed and, at times, bedridden secondary to depressive symptoms, it was reported. The applicant denied any active suicidal or homicidal intent, however, it was reported. The applicant was not working, it was acknowledged. The applicant exhibited 5-/5 right lower extremity versus 5/5 left lower extremity strength with hyposensorium noted about the right L5-S1 dermatome. Norco, Nucynta, and tapentadol were endorsed. The attending provider stated that the applicant could consider an epidural steroid injection. The attending provider stated that he was intent on obtaining lumbar MRI imaging to evaluate for a discogenic and/or facetogenic etiology for the applicant's low back pain complaints. Norco and Effexor were endorsed. The applicant's permanent work restrictions were renewed. Six psychology visits were also sought. The requesting provider was apparently a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary Online Version last updated 05/15/2015.

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

Decision rationale: No, the request for an updated lumbar MRI is 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 actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider was a pain management physician (as opposed to a spine surgeon) reducing the likelihood that the applicant was acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The attending provider further stated that he was ordering lumbar MRI imaging to evaluate for possible discogenic and/or facetogenic etiologies for the applicant's low back pain complaints. It did not appear, thus, that either the attending provider or the applicant had any intent of pursuing a surgical remedy based on the outcome of the study in question. Therefore, the request is not medically necessary.