

Case Number:	CM15-0131517		
Date Assigned:	07/17/2015	Date of Injury:	07/05/2014
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
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 43-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 5, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on June 9, 2015 in its determination, along with an associated progress note of June 8, 2015. The applicant's attorney subsequently appealed. In a handwritten note of June 8, 2015, the applicant was placed off of work, on total temporary disability. The applicant reported complaints of low back and knee pain with associated knee crepitation appreciated. The applicant reported giving way, it was suggested, admittedly through preprinted checkboxes. 12 sessions of physical therapy and MRI imaging of the lumbar spine and left knee were endorsed. Once again, preprinted checkboxes were employed, without much support in commentary. It was not stated how (or if) the proposed MRI would influence or alter the treatment plan.

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 proposed lumbar MRI 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 handwritten progress note of June 8, 2015 was difficult to follow, thinly developed, not altogether legible, and did not clearly state (or suggest) the applicant was considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that multiple MRI studies of low back and left knee were ordered significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider or contemplate surgical intervention based on the outcome of the same. The bulk of the applicants complaints on that date, furthermore, were seemingly referable to the knee, again reducing the likelihood of the applicant's going on to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. Therefore, the request was not medically necessary.