MAXIMUS Federal Services

Case Number:	CM15-0138401		
Date Assigned:	07/28/2015	Date of Injury:	01/20/2001
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 2001. In a utilization review report dated January 13, 2015, the claims administrator failed to approve a request for a repeat lumbar MRI. An RFA form dated June 16, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant's treating provider reported that the applicant was "disabled." Ongoing complaints of low back pain, 1/10, were reported. Norco, Ambien, Flexeril, Prozac, Prilosec, and Naprosyn were renewed while the applicant was seemingly kept off of work. On June 16, 2015, the applicant reported ongoing complaints of low back pain, 8/10, with intermittent radiation of pain into the bilateral lower extremities. The applicant was on Norco, Naprosyn, Prilosec, Prozac, and Ambien, it was reported. The applicant was disabled; it was stated in several sections of the note. Lumbar MRI imaging was sought. The attending provider stated that the applicant needed lumbar MRI imaging to assess the degenerative disc disease at L4-L5 as well as the SI joints. Multiple medications were renewed while the applicant was kept off of work. The requesting provider was a general practitioner, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: No, the proposed repeat 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, there is no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The attending provider reported on June 16, 2015 that the MRI study in question was being ordered for academic or evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider suggested that the MRI imaging in question was being proposed for the purposes of assessing the extent of degenerative disc disease. The requesting provider was a general practitioner, not a spine surgeon, significantly reducing the likelihood that the applicant was willing to act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.