

Case Number:	CM15-0138514		
Date Assigned:	07/28/2015	Date of Injury:	03/25/2015
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
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 39-year-old who has filed a claim for low back and knee pain reportedly associated with an industrial injury of March 26, 2015. In a utilization review report dated June 19, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. June 12, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a July 13, 2015 progress note, the applicant reported ongoing complaints of low back and right knee pain. The applicant reported sharp axial back pain, worsened with bending and lifting. The applicant denied any radiation of low back pain, it was reported. The applicant denied any numbness, it was further noted. The applicant had been terminated by his former employer. The applicant exhibited a slow gait with 75 degrees of lumbar flexion. A non-focal neurologic exam was appreciated. An orthopedic spine referral was sought. The applicant was given a 15-pound lifting limitation, which, as noted previously, the applicant's employer was apparently unable to accommodate. The attending provider alluded to previously performed lumbar MRI imaging notable for a broad-based disc protrusion at L4-L5 with associated slight displacement of the left L5 nerve root. On May 29, 2015, it was again noted that the applicant had 0-4/10 low back pain and 0-1/10 knee pain. The applicant's back pain was axial. There was "no radiation of pain," it was acknowledged. The applicant had been terminated by his former employer, it was reported. The applicant denied any lower extremity paresthesias. The applicant exhibited a non-focal lower extremity neurologic exam, it was acknowledged. Lumbar MRI imaging was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 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 request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, the applicant's non-focal neurologic exam and absence of any radicular pain complaints or lower extremity paresthesias strongly suggested the applicant was not, in fact, considering or contemplating any kind of surgical intervention involving the lumbar spine. Therefore, the request was not medically necessary.