

Case Number:	CM15-0138664		
Date Assigned:	07/28/2015	Date of Injury:	04/21/2010
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 51-year-old who has filed a claim for chronic low back, neck, and rib pain reportedly associated with an industrial injury of April 21, 2010. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form dated May 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of neck and low back pain. Radiation of the low back pain to bilateral lower extremities was reported. Topical compounds and home exercises were endorsed. The applicant was returned to regular work. On May 28, 2015, the applicant apparently presented with complaints of neck and back pain. The subjective complaint section of the note was quite scant and did not narrate or relate the applicant's low back symptoms. The applicant was described as having issues with radiating pain to the lower extremities, it was reported in the diagnoses section of the note. Left lower extremity was scored at 4 to 5/5 versus 5/5 about the right lower extremity. The applicant was able to walk on his heels and toes. Topical compounds and an updated lumbar MRI was sought while the applicant was returned to regular duty work. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. On July 10, 2015, it was stated that the applicant had had lumbar MRI imaging notable for L3-L4 borderline canal stenosis and central annular tear at L4-L5 with associated disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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 MRI of the lumbar spine 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 May 28, 2015 progress note seemingly stated that updated lumbar MRI imaging was being ordered for academic evaluation purposes, without any clearly formed intention of acting on the results of the same. 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 MRI in question appears to have been performed, despite the unfavorable utilization review report determination, it was reported by a pain management physician on July 10, 2015 and was notable for borderline stenotic changes and/or annular tearing of uncertain significance. It did not appear, thus, that the applicant went on to consider any kind of surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.