

Case Number:	CM15-0141359		
Date Assigned:	07/31/2015	Date of Injury:	05/25/2015
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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 58-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of May 25, 2015. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an office visit dated June 19, 2015 and an associated RFA form received on June 24, 2015 in its determination. The claims administrator stated its decision was based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate the same into its rationale. The applicant subsequently appealed. In a June 19, 2015 office visit, the applicant was given a diagnosis of lumbar strain. The applicant was returned to regular duty work. The attending provider stated in one section of the note that it was "unlikely" that the applicant had a radiculopathy. The attending provider then stated in another section of the note that MRI is being ordered for continued pain complaints and radiculopathy. In yet another section of the note, it was stated that the applicant was 85% improved. Complaints of low back pain radiating to the right leg were reported. The applicant did exhibit intact strength, sensation, and reflexes about the lower extremities with a normal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 296; 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296, no imaging studies are indicated for lumbar radiculopathy for four to six weeks unless compression is severe or progressive. Here, the request in question was initiated on June 19, 2015, i.e., three weeks removed from the date of injury, May 25, 2015. The attending provider did not, thus, wait the requisite four to six weeks suggested by the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 to pursue the proposed lumbar MRI. It is further noted that the attending provider's documentation and report of June 19, 2015 suggested that the applicant was "85% improved," that the applicant was working and tolerating regular duty, the applicant exhibited a normal lower extremity motor function, including a normal gait, and that the attending provider herself believed that it was "unlikely" that the applicant had any kind of bona fide lumbar radiculopathy. The attending provider stated that the most likely operating diagnosis here was that of lumbar strain, it was reported on the June 19, 2015 office visit at issue. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 scores MRI imaging a 0/4 in its ability to identify and define a suspected lumbar strain, as was seemingly present here. Therefore, the request was not medically necessary.