

Case Number:	CM15-0145918		
Date Assigned:	08/06/2015	Date of Injury:	11/22/2014
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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] beneficiary who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of November 22, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on June 26, 2015 in its determination, along with an office visit of the same date. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant transferred care to a new primary treating provider reporting 7/10 multifocal complaints of shoulder, ankle, head, arm, and leg pain with ancillary allegations of diplopia. Symmetric lower extremity reflexes and negative straight leg raising were appreciated. The applicant did not exhibit any focal neurologic deficits, it was reported. The applicant was asked to obtain MRI imaging of the ankle, cervical spine, low back, and head. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar w/o contrast: 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 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 attending provider's July 15, 2015 progress note made 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 applicant's presentation, which included a non-focal lower extremity motor exam, was not, furthermore, suggestive or evocative of a bona fide nerve root compromise associated with the lumbar spine. The multi-focal nature of the applicant's complaints, which included the ankle, neck, low back, and head, moreover, significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.