

Case Number:	CM15-0147481		
Date Assigned:	08/10/2015	Date of Injury:	06/04/2015
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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 [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of June 4, 2015. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on June 24, 2015 in its determination. A progress note of June 9, 2015 was also referenced. The applicant's attorney subsequently appealed. On a doctor's first report (DFR) dated June 9, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, low back pain reportedly attributed to cumulative trauma (CT) at work. Ancillary complaints of shoulder pain were also reported. Chiropractic manipulative therapy and acupuncture were endorsed. The applicant was given work restrictions, although it was not clearly stated whether the applicant was or was not working with said limitations in place. Derivative complaints of headaches, psychological stress, depression and anxiety were also present. The treating provider reported. Electro diagnostic testing, a functional capacity testing, MRI imaging of multiple body parts, and orthopedic evaluation were endorsed. The requesting provider was a chiropractor, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 MRI imaging 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, attending provider's handwritten progress note of June 9, 2015 made no mention of the applicant's willingness to consider, any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The multifocal nature of the applicant's complaints, which apparently included the neck, mid back, low back, shoulder, psyche, head, etc., also reduced the likelihood of the applicant's acting on the results of the MRI study in question and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a chiropractor (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of study in question and/or go on to consider surgical intervention based on the outcome of the same. The attending provider's handwritten documentation and DFR of June 9, 2015, furthermore, did not clearly identify what was suspected and/or what was sought via the MRI study in question. The fact that multiple different MRIs and x-rays were concurrently ordered strongly suggested that the lumbar MRI at issue was ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.