

Case Number:	CM15-0166503		
Date Assigned:	09/04/2015	Date of Injury:	03/17/2014
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 33-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury March 17, 2014. In a Utilization Review report dated July 24, 2015, the claims administrator retrospectively denied MRI imaging performed on June 27, 2015. The applicant's attorney subsequently appealed. On June 27, 2015, the applicant did receive lumbar MRI imaging, notable for multilevel disk degeneration with broad-based disk herniations at L4-L5 and L5-S1 with associated thecal sac abutment. The applicant also underwent cervical and thoracic MRI studies on the same date, June 27, 2015. In an RFA form dated May 26, 2015, attending provider sought authorization for lumbar, cervical, and thoracic MRIs to evaluate stated diagnosis of lumbar strain, cervical strain, and thoracic strain. Little-to-narrative commentary accompanied the RFA form. In an associated progress note of same date, May 26, 2015, the applicant was placed off-of work, on total temporary disability. Multifocal complaints of upper back and bilateral shoulder pain were reported, 6/10. The applicant exhibited near-normal lumbar range of motion with slight tenderness about the lumbar paraspinal musculature. Multiple spasms were reported. The attending provider ordered cervical, lumbar, and thoracic MRI imaging, urine drug testing, acupuncture, manipulative therapy, and physical therapy while keeping the applicant off-of work, on total temporary disability. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The specialty of the requesting provider was not seemingly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI (Magnetic Resonance Imaging) of the lumbar spine, date of service: 06/27/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for lumbar MRI imaging performed on June 26, 2015 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 diagnosis is being evaluated. Here, however, there is 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. Rather, it appeared that the attending provider was ordering a lumbar, cervical, and thoracic MRI imaging studies for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. It did not appear that the requesting provider was a spine surgeon, significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Despite the adverse UR determination, said lumbar MRI imaging was apparently performed, was seemingly nondescript, notable for multilevel degenerative changes and disk protrusions of uncertain clinical significance, and failed to uncover clear evidence of a lesion amenable to surgical correction. Therefore, the request was not medically necessary.