

Case Number:	CM15-0166556		
Date Assigned:	09/04/2015	Date of Injury:	07/27/2008
Decision Date:	10/29/2015	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 61-year-old who has filed a claim for chronic low back and bilateral wrist pain reportedly associated with an industrial injury of July 27, 2008. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A July 22, 2015 office visit was referenced in the determination. The claims administrator based its decision on non-MTUS Third Edition ACOEM Guidelines but seemingly mislabeled the same as originating from the MTUS. The claims administrator did not cite the text of the guideline, however. The claims administrator referenced an RFA form received on July 22, 2015 and an associated office visit of June 18, 2014 in its determination. The applicant's attorney subsequently appealed. On August 7, 2015, the applicant reported ongoing complaints of low back, wrist, and elbow pain. The applicant was asked to pursue an epidural steroid injection. The attending provider stated that the applicant had issues with degenerative disease and/or herniated discs at L4-L5 and L5-S1. Permanent work restrictions were renewed. On June 12, 2015, the attending provider reiterated its request for a lumbar epidural steroid injection. Tramadol, Voltaren, Prilosec, Flexeril, Ambien and several topical compounds were endorsed. The applicant's permanent work restrictions were renewed. The applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The attending provider referenced lumbar MRI imaging dated April 7, 2014 notable for a disk protrusion at L1-L2 and a disk protrusion at L4-L5 with associated thecal sac indentation and L4 nerve root impingement. A focal disk protrusion at L5-S1 effacing the thecal sac was appreciated. On RFA and order form dated March 19, 2014 and March 28, 2014,

positional lumbar MRI imaging in a flexion-extension view was proposed, seemingly without any supporting rationale, narrative commentary, or progress note. There was no seeming mention of how said lumbar MRI would influence or alter the treatment plan on those dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: 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 based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 382.

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a retrospective request for lumbar MRI imaging previously performed on April 7, 2014. However, the MTUS Guideline in ACOEM Chapter 12, page 304 stipulates that imaging studies of the lumbar spine should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, neither the March 19, 2014 order form or the March 28, 2014 RFA form made any mention of how said lumbar MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate surgical intervention based on the outcome of the same. Subsequent progress notes in 2015 likewise made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine. It is further noted that positional MRI imaging in a flexion-extension view was performed on the date of service in question, April 7, 2014. The MTUS does not address the topic of positional MRI imaging. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that standing, upright, or positional MRIs are deemed "not recommended" outside of research settings. Here, the attending provider failed to furnish a clear or compelling rationale for the historical MRI imaging which seemingly represented non-standard positional MRI imaging. The request, thus, was at odds with both the MTUS Guideline in ACOEM Chapter 12, page 304 and with page 382 of the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.