

Case Number:	CM15-0167662		
Date Assigned:	09/08/2015	Date of Injury:	02/18/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 18, 2012. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve request for lumbar MRI imaging while apparently approving a cervical epidural steroid injection. A progress note dated July 13, 2015 and an RFA form received on August 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said July 30, 2015 progress note, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities. Ancillary complaints of headaches were reported. The applicant reported numbness and tingling about the bilateral lower extremities. Heightened complaints of neck and back pain were reported. The applicant was on Zestril and Prilosec, it was reported. The applicant had issues with hearing loss, it was further noted. The applicant had seemingly undergone earlier cervical spine surgery, it was reported. A positive Spurling maneuver was noted. 4+ to 5/5 bilateral upper extremity strength was evident. A cervical epidural steroid injection was sought. It was suggested that the applicant's complaints of low back pain with associated lower extremity paresthesias attributed to facet neuropathy and/or degenerative disk disease. Repeat lumbar spine x-rays were sought to determine the extent of anatomic changes about the lumbar spine. Neurontin was endorsed. The applicant was asked to cease naproxen. There was no mention of how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The applicant's lower extremity motor function was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without gadolinium: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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, the July 30, 2015 progress note seemingly suggested that lumbar MRI imaging and plain film imaging of the lumbar spine were being endorsed to evaluate the extent of anatomic changes about the lumbar spine. There was no mention of the applicant's willingness to consider or contemplate lumbar spine surgery based on the outcome of the study in question. The applicant's lower extremity motor function was not described on said July 30, 2015 progress note, arguing against the presence of any marked neurologic compromise about the lumbar spine and/or lower extremities, which would have supported the need for the MRI, study in question. Therefore, the request was not medically necessary.