

Case Number:	CM15-0186005		
Date Assigned:	09/28/2015	Date of Injury:	02/02/2015
Decision Date:	12/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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 pain (LBP) reportedly associated with an industrial injury of February 2, 2015. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An August 7, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 19, 2015, MRI imaging of the lumbar spine was sought. On an associated handwritten progress note dated August 7, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was given diagnoses of lumbar strain and shoulder strain. Lumbar MRI imaging was sought while the applicant was placed off of work, on total temporary disability. Little-to-no rationale accompanied the request for lumbar MRI imaging. In a separate note dated August 12, 2015, the attending provider stated that he was ordering lumbar MRI imaging on the grounds that the applicant was upset that something might potentially have been missed on the first lumbar MRI. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. The stated diagnosis as of the date of the request, August 7, 2015, was lumbar strain. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 scores lumbar MRI imaging 0/4 in its ability to identify and define suspected lumbosacral strains, i.e., the operating diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for selection of lumbar MRI imaging for a diagnosis which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304. The MTUS Guideline in ACOEM Chapter 12, page 304 also notes that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention as of the date of the request, August 7, 2015. Therefore, the request was not medically necessary.