

Case Number:	CM15-0195084		
Date Assigned:	10/08/2015	Date of Injury:	10/05/2011
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 54-year-old who has filed a claim for chronic hand, wrist, knee, and low back pain reportedly associated with an industrial injury of October 12, 2011. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for MRI imaging of the lumbar spine. The claims administrator referenced a September 17, 2015 office visit and an associated September 18, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 18, 2015, urine drug testing, chiropractic manipulative therapy, tramadol, followup visit, naproxen, Prilosec, Flexeril, several topical compounds, lumbar MRI imaging, knee MRI imaging, bilateral knee MRI imaging, bilateral wrist MRI imaging, x-rays of the lumbar spine, x-rays of the bilateral knees, x-rays of both wrists, and electrodiagnostic testing of the bilateral upper extremities were sought. The applicant was also asked to consult a pain psychologist. In an associated handwritten note dated September 17, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of low back and knee pain with ancillary issues of carpal tunnel syndrome and muscle spasms also present. Highly variable 5-8/10 pain complaints were noted. The requesting provider was a neurologist, it was reported. Little-to-no narrative commentary accompanied the RFA form, which was seemingly initiated through pre-printed checkboxes, without much supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the L/S: 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 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 attending provider's September 17, 2015 office visit and associated September 18, 2015 RFA form were thinly and sparsely developed, difficult to follow, not entirely legible and did not clearly state why lumbar MRI imaging was sought. The fact that multiple imaging studies to include MRI imaging of the knees, MRI imaging of the wrists, and MRI imaging of the lumbar spine were concurrently ordered strongly suggested that said studies were ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The fact that the requesting provider was a neurologist (as opposed to a neurosurgeon or spine surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.