MAXIMUS Federal Services

Case Number:	CM15-0204316		
Date Assigned:	10/21/2015	Date of Injury:	01/12/2006
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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 48-year-old who has filed a claim for chronic low back, neck, knee, and shoulder pain reportedly associated with an industrial injury of January 12, 2006. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a September 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of low back, bilateral shoulders, and bilateral knee pain. The applicant was described as having superimposed issues with depression, anxiety, and obstructive sleep apnea, the treating provider reported. The attending provider, a pain management physician, stated that he was unable to exclude radiculopathy. The attending provider stated that the applicant had hyposensorium about the right thigh. The applicant was described as having chronic, intractable multifocal pain complaints in another section of the note, with pain generators including the bilateral knees, neck, shoulders, and low back, it was reported. The note was very difficult to follow, was some 9 pages long, mingled historical issue with current issues. The applicant was given refills of OxyContin and Elavil. A back brace and psychotherapy were also sought. The applicant exhibited a normal gait. Lower extremity motor function was scored at 5/5 bilaterally, with the exception of the quadriceps musculature. There was no mention of 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:

MRI (magnetic resonance imaging) lumbar spine, repeat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Magnetic resonance imagings (MRIs).

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 diagnosis is being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The request in question seemingly initiated by a pain management physician (physiatrist) suggested on September 10, 2015. The multifocal nature of the applicant's pain complaints, which included the neck, bilateral shoulders, low back, and bilateral knees significantly reduced the likelihood of the applicant's acting on the results of study in question and/or going on to consider surgical intervention based on the outcome of same. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question. The fact the requesting provider was a physiatrist (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 here. Therefore, the request was not medically necessary.