

Case Number:	CM15-0206075		
Date Assigned:	10/22/2015	Date of Injury:	09/17/2014
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 17, 2014. In a utilization review report dated September 30, 2015, the claims administrator failed to approve a request for MRI imaging of the lumbar spine with weightbearing, flexion, and extension views. The claims administrator referenced a September 16, 2015 order form in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of low back pain. The applicant had received 12 sessions of physical therapy, 6 sessions of manipulative therapy, and 12 sessions of acupuncture, the treating provider reported, in addition to a lumbar epidural steroid injection. The applicant was using a variety of dietary supplements and vitamins, in addition to Motrin, the treating provider reported. The attending provider stated that the applicant had ongoing complaints of low back pain radiating to the right leg. The attending provider stated that the applicant could potentially be a candidate for an L5-S1 laminotomy-discectomy surgery and went onto seek authorization for a weightbearing lumbar MRI with flexion/extension views. The applicant was given a rather proscriptive 10-pound lifting limitation. It was suggested in one section of the note the applicant was still working, despite ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine with Weight Bearing Flexion and Extension: 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) Low Back, Lumbar & Thoracic (Acute & Chronic) MRIs, Indications for imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 382, There are currently no quality studies to recommend standing MRI for uses outside of research settings. Thus, as there are no clearly defined uses in the diagnosis and treatment of patients, standing, upright, or positional MRIs as initial diagnostic procedures are not recommended.

Decision rationale: No, the request for MRI imaging of the lumbar spine with weightbearing, flexion, and extension views was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of positional MRI imaging. However, the Third Edition ACOEM Guidelines, Low Back Disorders Chapter notes that there are "no clearly defined uses" for standing, upright, or positional MRIs as diagnostic procedures outside of research settings. Here, the attending provider failed to furnish a clear or compelling rationale for selection of positional MRIs in the face of the tepid-to-unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.