MAXIMUS Federal Services

Case Number:	CM15-0208823		
Date Assigned:	10/27/2015	Date of Injury:	08/23/2015
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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 an [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2015. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An office visit dated October 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said October 2, 2015 office visit, the applicant reported 5/10 low back pain, constituted about the buttocks region. The attending provider stated in one section of the note that the applicant denied any radiation of pain down the lower extremities without any associated numbness or tingling. The attending provider stated that the applicant was working with restrictions in place. The applicant's neurologic review of symptoms was negative for any focal weakness or paresthesias. Lumbar MRI imaging was sought while Flexeril, Tylenol No. 3, and acupuncture were endorsed. There was no mention of how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The treating provider was an occupational medicine physician, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine: 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 diagnosis is being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question as of the date of the request, October 2, 2015. The fact that the requesting provider was an occupational medicine physician (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question. The applicant's lack of neurologic symptoms and well preserved, 5/5 lower extremity motor function, moreover, argued against the presence of any bone fide lumbar radiculopathy-type process for which lumbar MRI imaging could have been considered. 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 and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.