

Case Number:	CM15-0021138		
Date Assigned:	02/10/2015	Date of Injury:	02/06/2008
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 6, 2008. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An EKG, laboratory testing, and cognitive behavioral therapy were endorsed. The claims administrator referenced a December 19, 2014 progress note in its determination. The claims administrator seemingly suggested that the applicant had undergone prior lumbar spine surgery. The claims administrator stated that the applicant had had two prior lumbar fusions and had also failed a spinal cord stimulator. The claims administrator did not furnish much rationale to support its denial, stating, however, that there was no evidence of recent changes or deterioration in the clinical picture. In an appeal letter dated January 20, 2015, the treating provider stated that he was seeking physical therapy, EKG testing, cognitive behavioral therapy, Percocet, Prilosec, and lumbar MRI imaging. The attending provider stated that MRI imaging was being performed primarily for the purposes of reassessing any further progression of spine pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the proposed lumbar MRI is 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, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI. The attending provider's appealed letter of January 28, 2014 suggested that MRI imaging was being endorsed for routine or evaluation purposes, with no clearly formed intention of acting on the results of the proposed lumbar MRI. There was no mention of the applicant's willingness to consider or contemplate further surgical intervention involving the lumbar spine based on the outcome of the study in the January 28, 2015 appeal letter. Therefore, the request was not medically necessary.