

Case Number:	CM15-0043776		
Date Assigned:	03/13/2015	Date of Injury:	07/21/2014
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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 [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of July 21, 2014. In a Utilization Review report dated February 9, 2015, the claims administrator failed to approve request for lumbar MRI imaging. A RFA form dated February 3, 2015 was referenced in the determination, as were progress notes of January 15, 2015 and December 19, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating into the left leg. MRI imaging of the lumbar spine and left hip were endorsed, along with a rather proscriptive 10-pound lifting limitation. The applicant stated that prolonged sitting remained problematic. Multiple medications, including Robaxin, were renewed. It was not clearly stated whether the applicant was working with said 10-pound lifting limitation in place. The remainder of the file was surveyed. It did not appear that the applicant had had prior documented lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Guidelines, Hip and Pelvis Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: Yes, the request for lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 does acknowledge that imaging studies including the lumbar MRI at issue are not indicated for applicants with lumbar radiculopathy for four to six weeks unless compression is severe or progressive, in this case, however, the applicant was some five to six months removed from the date of injury as of the date of the request. Ongoing complaints of low back pain radiating into the left leg were evident on or around the date of the request. Moving forward with lumbar MRI imaging to evaluate the source of the applicant's radiculopathy was thus, indicated. Therefore, the first-time request for lumbar MRI imaging was medically necessary.