

Case Number:	CM15-0044706		
Date Assigned:	03/16/2015	Date of Injury:	10/25/2013
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
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 27-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 25, 2013. In a utilization review report dated February 24, 2015, the claims administrator failed to approve a request for lumbar MRI imaging, referencing the mislabeled, mis-cited, and misquoted "page 701" of the ACOEM Practice Guidelines. A February 18, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was represented. The applicant had superimposed issues with anxiety, depression, and insomnia, it was acknowledged. Diminished lumbar range of motion with 5/5 lower extremity strength was noted. Positive left-sided straight leg raising was appreciated with hyposensorium appreciated about the left leg. Work restrictions, Duexis, and MRI imaging of the lumbar spine were endorsed. The attending provider also suggested that the applicant had a slow and guarded gait with a profound left limp. The attending provider suggested that the MRI imaging would influence a treatment plan. The requesting provider was an orthopedic spine surgeon.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

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

Decision rationale: 1. Yes, the proposed lumbar MRI is medically necessary, medically appropriate, and 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, the requesting provider did state that he was willing to act on the results of the lumbar MRI and would use the same in formulating a treatment plan. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. The applicant did apparently have issues with low back pain, left lower extremity paresthesias, positive straight leg raising, a profound limp, etc., all of which, taken together, suggest that the applicant did have an active radicular process which did warrant lumbar MRI imaging to further evaluate, as suggested by the treating provider. Therefore, the request is medically necessary.