

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0048306 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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 41-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of March 7, 2014. In a utilization review report dated March 6, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator stated that the attending provider failed to document a failure of conservative care, despite the fact that the applicant was approximately a year removed from the date of injury as of the date of the request. A February 18, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On March 2, 2015, the attending provider reiterated requests for a TENS unit and lumbar MRI imaging. Overall commentary was sparse. In a pain management note dated February 23, 2015, the applicant reported ongoing complaints of low back pain radiating into the leg. The applicant had received several acupuncture treatments. Highly variable 4/10 to 8/10 pain complaints were reported. The applicant was on Motrin for pain relief. The applicant continued to drink alcohol, it was acknowledged. The applicant had alleged development of pain secondary to cumulative trauma at work. The applicant was apparently working, it was stated in the social history section of the note. The applicant exhibited a normal gait with positive left-sided straight leg raising. The applicant had apparently not had previous MRI imaging, it was suggested. MRI imaging of the low back was therefore endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 1. Yes, the request for MRI imaging of the lumbar spine is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 notes that MRI imaging is not specifically indicated for lumbar radiculopathy for four to six weeks unless compression is severe or progressive, in this case, however, the request in question was, in fact, requested some one year after the date of injury. The applicant's radicular pain complaints were seemingly trending unfavorably as of that point in time. The applicant had ongoing complaints of low back pain, leg pain, lower extremity paresthesias, etc. The request in question did represent a first-time request for lumbar MRI imaging, the treating provider further posited. Therefore, the request is medically necessary.