

Case Number:	CM15-0054591		
Date Assigned:	03/30/2015	Date of Injury:	11/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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 a represented 27-year-old who has filed a claim for chronic low back, hand, and wrist pain reportedly associated with an industrial injury of November 1, 2013. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form received on March 3, 2015 and a progress note on February 9, 2015 in its determination. The claims administrator seemingly suggested that the applicant pursue a CT scan. Non-MTUS-ODG guidelines were invoked, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 9, 2015, the applicant reported ongoing complaints of low back pain, 3/10, with intermittent radiation of pain to the left lower extremity 4/10 wrist pain complaints were also reported. The applicant had received physical therapy, manipulative therapy, and acupuncture, it was acknowledged. The applicant had also undergone an open reduction internal fixation of the radial fracture, it was further noted. The applicant was given a presumptive diagnosis of lumbar radiculopathy, placed off work, on total temporary disability, and asked to pursue lumbar MRI imaging. The applicant did seemingly retain well-preserved lower extremity strength, it was suggested through preprinted checkboxes, while exhibiting positive straight leg raising about the left leg. The remainder of the file was surveyed. There was no evidence that the applicant had had prior lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) 2015 online version.

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, and page 296 does acknowledge that imaging studies are not indicated for lumbar radiculopathy for four to six weeks unless compression is severe or progressive. In this case, however, the request was initiated on February 9, 2015, i.e., over a year and a half removed from the stated date of injury, November 1, 2013. There was no evidence of the applicant's having had prior lumbar MRI imaging. The applicant did report ongoing complaints of low back pain radiating to the left leg. The treating provider seemingly suggested that the bulk of the applicant's treatment to date had revolved around the primary pain generator of the wrist. Obtaining lumbar MRI imaging to delineate the extent of the applicant's radicular pain complaints was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.