

Case Number:	CM15-0058386		
Date Assigned:	04/03/2015	Date of Injury:	11/01/2010
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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 49-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A RFA form dated March 2, 2015 was referenced in the determination, along with a progress note dated February 10, 2015. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant was described as having ongoing issues with rib pain. The applicant was placed off of work. The attending provider stated that the applicant should undergo an MRI of the lumbar spine for completeness purposes. The applicant had a history of previous L4 lumbar compression fracture, apparently preceding the industrial injury. On December 13, 2014, the applicant reported ongoing complaints of rib and low back pain. The applicant was having difficulty with heavy lifting tasks. The attending provider suggested that the applicant undergo MRI imaging of the lumbar spine to determine the absence of any occult pathology generating his persistent discomfort. On February 10, 2015, the attending provider again speculated that the applicant might have some occult fracture, which might be accounting for the applicant's residual low back pain complaints. The applicant was not working, it was acknowledged.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, CT or MRI imaging is "recommended" in applicants in whom cauda equina syndrome, tumor, infection, and/or fracture are strongly suspected and plain film radiographs are negative. Here, the attending provider seemingly suggested that earlier plain film radiographs were in fact negative for a lumbar fracture. The attending provider stated that he did, however, suspect an occult lumbar fracture as the source of the applicant's ongoing low back pain complaints. The applicant had seemingly failed to return to work as a result of said low back pain complaints. Obtaining MRI imaging to investigate the presence of a possible occult fracture was, thus indicated. Therefore, the request was medically necessary.