

Case Number:	CM15-0060003		
Date Assigned:	04/06/2015	Date of Injury:	02/22/2006
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 22, 2006. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A progress note of February 15, 2015 and associated RFA form of February 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant was asked to continue methadone, Neurontin, and diclofenac. The applicant was asked to continue usage of a TENS unit. The applicant was described as having chronic diskogenic low back pain with bilateral sciatica, the attending provider reported in various sections of the note. The applicant also had known issues with degenerative disk disease. The attending provider noted hyposensorium about the right leg on exam. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The attending provider reiterated his request for MRI imaging of the lumbar spine. On January 4, 2015, the attending provider renewed methadone, Neurontin, and diclofenac. Continued usage of a home TENS unit also endorsed. The applicant was asked to obtain lumbar MRI imaging. The applicant exhibited normal gait with hyposensorium about the right leg on exam. The attending provider suggested that the applicant pursue a multi-disciplinary pain management program. The progress note was difficult to follow as it mingled historical issues with current issues. It was not stated for what purpose lumbar MRI imaging had been proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or 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, however, there was no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine on or around the dates in question, January 14, 2015 and March 18, 2015. Rather, it appeared that the attending provider was intent on obtaining lumbar MRI imaging for academic or evaluation purposes, to determine the progression of degenerative disk disease over time. This is not an indication for MRI imaging, per ACOEM. It is further noted that the requesting provider was a physiatrist/pain management physician, not a spine surgeon, reducing the likelihood of the applicant's acting on the result of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.