

Case Number:	CM15-0083705		
Date Assigned:	05/06/2015	Date of Injury:	12/29/2014
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 20-year-old who has filed a claim for mid and low back pain reportedly associated with an industrial injury of December 29, 2014. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a RFA form dated April 7, 2015 in its determination. The applicant subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of low back pain radiating into bilateral lower extremities. Positive left-sided straight leg raising was appreciated with normal heel and toe ambulation. The attending provider renewed Relafen and Flexeril. MRI imaging of the lumbar spine was ordered on the grounds that the applicant remained symptomatic despite over six weeks of conservative therapy. Work restrictions were endorsed. 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:

1 MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Yes, the request for a lumbar MRI was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 296 notes that imaging studies are not indicated for applicants with lumbosacral nerve root compression with radiculopathy for four to six weeks, here, however, the applicant was over six weeks removed from the date of injury as of the date of the request. The applicant remained symptomatic with complaints of low back pain radiating into the bilateral lower extremities evident on or around the date in question. The request in question did represent a first-time request for lumbar MRI imaging. Moving forward with the same was, thus, indicated to delineate the extent of the applicant's nerve root compression/lumbar radiculopathy/sciatica. Therefore, the request was medically necessary.