

Case Number:	CM15-0085381		
Date Assigned:	05/07/2015	Date of Injury:	03/04/2009
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 2009. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve request for lumbar MRI imaging. A RFA form of March 20, 2015 and associated progress note of March 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg. Paresthesias and numbness about the right foot were noted. Ancillary complaints of shoulder pain were also reported. The applicant had undergone a lumbar radiofrequency ablation procedure, it was acknowledged. The applicant did have derivative complaints of depression, it was further noted. The applicant was off of work and was receiving disability and indemnity benefits, it was reported. The applicant was using several topical compounded medications, Protonix, Fexmid, Neurontin, Percocet, Theramine, and Gabadone, it was noted. Drug testing was performed. MRI imaging was endorsed. The attending provider stated that he was pursuing lumbar MRI imaging for the purposes of considering repeat epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the proposed MRI of lumbar spine 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 or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider was an interventional pain management physician, not a spine surgeon, reducing the likelihood of the applicant's going on to consider surgical intervention based on the outcome of the same. The requesting provider, furthermore, seemingly suggested that the request was intended as a precursor to pursuit of repeat epidural steroid injection therapy. This is not an ACOEM-endorsed role for MRI imaging of the lumbar spine. Therefore, the request was not medically necessary.