

Case Number:	CM14-0117857		
Date Assigned:	08/06/2014	Date of Injury:	08/11/2008
Decision Date:	10/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a lumbar support; a hot and cold wrap; unspecified amounts of physical therapy; and an interferential unit. In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for lumbar MRI imaging, invoking a variety of MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. The applicant did receive an epidural steroid injection on April 10, 2014. Lumbar MRI imaging of February 27, 2012 was notable for multilevel degenerative changes and neuroforaminal narrowing at L4-L5 and L5-S1. In an April 24, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant did have comorbid hypertension and diabetes, it was acknowledged. The applicant was described as "married and disabled." The applicant was apparently asked to follow up on a p.r.n. basis. On July 1, 2014, the attending provider noted that the applicant had persistent complaints of low back pain. The applicant was collecting [REDACTED] was also collecting Workers' Compensation indemnity benefits, and had collected State Disability Insurance (SDI) for several months, the attending provider noted. The applicant was using Effexor for pain relief. The attending provider stated that he would like MRI imaging and electrodiagnostic testing repeated, noting that the applicant did have a history of electrodiagnostically confirmed radiculopathy status post two epidural steroid injections. The attending provider stated that the applicant wanted to "avoid surgery."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the attending provider indicated that the applicant was intent on avoiding surgery on the date the MRI in question was sought and performing MRI imaging for academic or evaluation purposes without any intention of acting on the same is not an ACOEM-endorsed role for lumbar MRI imaging. Therefore, the request is not medically necessary.