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| Case Number: | CM14-0157987 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 07/03/2008 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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. 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 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2009. In a Utilization Review report dated September 16, 2014, the claims administrator failed to approve a request for a lumbosacral MRI. An RFA form received on September 9, 2014 was referenced in the determination, along with a progress note of August 28, 2014. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had superimposed issues with diabetic neuropathy, it was acknowledged. The applicant reported ongoing complaints of low back pain with burning lower extremity paresthesias. The applicant was off of work and receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Neurontin and MRI imaging of the lumbar spine were endorsed. It was not stated for what purpose lumbar MRI imaging was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine and sacrum/coccyx, without contrast, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Imaging Section.

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

Decision rationale: No, the request for lumbosacral 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 or contemplate any kind of surgical intervention on or around the date in question, August 28, 2014. Rather, it was suggested that the applicant's burning paresthesias were a function of superimposed diabetic neuropathy. The attending provider did not state how (or if) the proposed lumbar MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.