

Case Number:	CM14-0051920		
Date Assigned:	07/07/2014	Date of Injury:	06/13/2012
Decision Date:	07/02/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 13, 2012. In a Utilization Review report dated March 14, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. A RFA form dated February 18, 2015 and associated progress note January 14, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated September 24, 2013 the attending provider sought authorization for lumbar MRI imaging. In a January 24, 2014 progress note, the applicant had ongoing complaints of low back pain, left knee pain, left hip pain. The applicant apparently had a foreign body in the left forearm and was pending surgical removal of the same. Slight spasm about the lumbar paraspinal musculature was appreciated. Vicodin, baclofen, and plastic surgery consultation were endorsed. Lumbar MRI imaging was sought on the grounds that the applicant had had an alleged flare of chronic low back pain. A rather proscriptive 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider did not state how (or if) the applicant would act on the results of the study in question. The requesting provider was a family practitioner, it was reported, not a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: 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 MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. The multifocal nature of the applicant's pain complaints, which included the wrist, forearm, low back, hip, etc., significantly reduced the likelihood that the applicant was acting on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a family practitioner, not a spine surgeon, further reduced the likelihood of the applicant's acting on the results of the study in question. Finally, the fact that the applicant was pending a left forearm foreign body removal procedure, further diminished the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.