

Case Number:	CM15-0112870		
Date Assigned:	06/19/2015	Date of Injury:	01/12/2007
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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 61-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of July 12, 2007. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a May 19, 2015 RFA form and associated May 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. A survey of the claims administrator's medical evidence log, however, suggested that the most recent note on file was a medical-legal evaluation dated July 15, 2014; thus, the progress note and RFA form in which the article in question was sought was not seemingly incorporated into the IMR packet. In said July 15, 2014 medical-legal evaluation, the applicant reported issues with shoulder, knee, and hip pain complaints. The applicant was given diagnoses of lumbar radiculopathy, shoulder impingement syndrome, and right knee pain status post open reduction and internal fixation of tibial plateau fracture. The applicant had not returned to her former occupation, it was acknowledged, and was deemed a qualified injured worker, it was reported. There was no mention of the applicant's actively considering or contemplating further surgery involving the lumbar spine on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan 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 request for lumbar MRI imaging is 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 is no mention of the applicant's actively considering or contemplating any kind of surgical intervention or surgical remedy involving the lumbar spine. While it is acknowledged that the progress note and the associated RFA form on which the article in question was sought were not incorporated into the IMR packet, the historical information on file, including the agreed medical evaluation of July 15, 2014, failed to support or substantiate the request. Therefore, the request is not medically necessary.