

Case Number:	CM15-0113115		
Date Assigned:	06/19/2015	Date of Injury:	09/19/2006
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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 38-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 19, 2006. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a RFA form received on May 8, 2015 in its determination. On May 12, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was apparently going to school, it was suggested. The applicant reported that her knees were giving way from time to time. Low back pain radiating into legs was reported. The applicant exhibited "tight" straight leg raising with diminished flexion about the lumbar spine. The applicant was using Neurontin, Motrin, Lidoderm patches, Soma, Remeron, and Norco, it was reported. Work restrictions were endorsed. The attending provider apparently reiterated the request for MRI imaging on the grounds that the applicant had not had recent MRI imaging and on the grounds that the applicant's medical-legal evaluator had recommended the same. It was not precisely stated what was suspected insofar as the lumbar MRI was concerned. On May 7, 2015, MRI imaging of the lumbar spine and sacrum were proposed. The applicant was again asked to continue using Norco at a rate of six tablets a day. The applicant again reported ongoing complaints of low back pain, sciatic pain, and knee pain. "Tight" straight leg raising and decreased flexion about the lumbar spine were reported.

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.

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

Decision rationale: No, the proposed lumbar MRI 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 actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The attending provider's commentary and documentation, if anything, seemingly suggested that lumbar MRI imaging was being proposed for routine evaluation purposes on the grounds that the applicant had not had recent MRI imaging as well as on the grounds that the applicant's medical-legal evaluator had suggested the same. There was not, thus, either an explicit statement (or an implicit expectation) that the applicant would consider surgical intervention involving the lumbar spine based on the outcome of the study in question. Therefore, the request was not medically necessary.