

Case Number:	CM15-0113900		
Date Assigned:	06/22/2015	Date of Injury:	08/30/2008
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 30, 2008. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an April 9, 2015 office visit and an associated May 8, 2015 RFA form 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 February 20, 2015 medical-legal evaluation. On said February 20, 2015 medical-legal evaluation, the applicant reported ongoing complaints of low back pain, 6-7/10. It was stated that the applicant had consulted a spine surgeon, who felt that the applicant was not a candidate for any kind of surgical intervention. The note was quite difficult to follow as it mingled historical issues with current issues. It was suggested that the applicant had had at least one spine surgery and believed that the applicant was a candidate for surgical intervention. The applicant had developed mental health issues including anxiety and depression, it was acknowledged. The applicant also reported issues with sleep disturbance. The medical-legal evaluator stated that the applicant would need a psychiatric and/or psychological consultation prior to pursuing any kind of surgical remedy owing to the significant psychological overlay present. The medical-legal evaluator did suggest work restrictions. It was suggested that the applicant was not working with said limitations in place. The medical-legal evaluator also suggested psychiatric evaluation, a lumbar MRI, and electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

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

Decision rationale: No, the proposed MRI of the lumbar spine 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 and red flag diagnoses are being evaluated. Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. It is noted, however, neither the April 9, 2015 progress note nor the May 8, 2015 RFA form on which the article in question was proposed were incorporated into the IMR packet. The historical note on file, including the medical-legal evaluation of February 20, 2015, however, failed to a compelling case for the request as the medical-legal evaluator suggested that the applicant's significant psychiatric overlay could complicate any potential surgery. Therefore, the request was not medically necessary.