

Case Number:	CM15-0117143		
Date Assigned:	06/25/2015	Date of Injury:	04/09/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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 21-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 9, 2014. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for repeat lumbar MRI imaging. The claims administrator referenced a May 25, 2015 progress note in its determination. The claims administrator did, it is incidentally noted, partially approved a request for 18 sessions of physical therapy as six sessions of the same. The applicant's attorney subsequently appealed. On an IMR application dated June 17, 2015, the applicant's attorney apparently appealed only the determination on lumbar MRI imaging. On May 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity, 4/10, with associated burning, numbing, or tingling sensations. The applicant denied any history of diabetes and/or alcohol consumption, it was reported. Positive right-sided straight leg raising was appreciated with intact lower extremity sensorium and 5/5 lower extremity strength. Hypoactive right knee reflex was reported. The applicant had had an SI joint injection. The attending provider suggested that he was intent on repeating a lumbar MRI imaging to rule out a disc herniation. Previous lumbar imaging was interpreted as normal, it was reported. A 10-pound lifting limitation was endorsed. There was no mention how (or if) the lumbar MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, special studies and diagnostic and treatment considerations.

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

Decision rationale: No, the request for a repeat lumbar MRI 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 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 lumbar MRI in question or go on to consider surgical intervention based on the outcome of the same. The May 27, 2015 progress note, rather, suggested that the attending provider was searching (in an academic fashion) for a possible disc herniation as the source of the applicant's continuing pain complaints. Therefore, the request was not medically necessary.