

Case Number:	CM15-0121736		
Date Assigned:	07/02/2015	Date of Injury:	04/25/2005
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 Matrix Absence Management, Incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2005. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A progress note and an associated RFA form of May 24, 2015 were referenced in the determination. On May 21, 2015, the applicant reported ongoing complaints of neck, upper back, and low back pain, 8/10, with associated left lower extremity numbness and tingling. The applicant was on naproxen, Flexeril, Lunesta, Neurontin, and Lidoderm patches, it was acknowledged. Electrodiagnostic testing of left lower extremity and MRI imaging of lumbar spine were sought for the purposes of evaluating the applicant's established diagnosis of lumbar radiculopathy. It was suggested that the applicant had not had recent electrodiagnostic testing since 2006. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The applicant exhibited intact lower extremity motor function, it was acknowledged, despite positive straight leg raising and hyposensorium about the left leg. The requesting provider was a physician assistant (PA), it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 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, the May 21, 2015 progress note at issue made 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 in question. Rather, it appeared that the requesting provider was seeking lumbar MRI imaging largely for academic or evaluation purposes, seemingly to determine the extent of structural changes involving the lumbar spine since previous MRI imaging of 2006. The requesting provider, furthermore, was a physician assistant (PA), not a spine surgeon, diminishing the likelihood of the applicant's going on to consider or contemplate surgical intervention based on the outcome of the study. There was not, thus, either an explicit statement (or an implicit expectation) that the applicant would act on the results of proposed lumbar MRI and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.