

Case Number:	CM15-0170771		
Date Assigned:	09/11/2015	Date of Injury:	03/06/2000
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2000. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an August 18, 2015 progress note in its determination. The applicant personally appealed, in a letter dated August 31, 2015. The applicant contended that she was having severe pain complaints. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of low back pain radiating to the right thigh. The applicant was working, it was reported. 6-10/10 pain complaints were reported. The applicant was out of the house and working on a full-time basis, it was acknowledged. The applicant was not using a cane and was transferring independently. Multiple palpable tender points were appreciated. A lumbar epidural steroid injection was sought. A lumbar MRI was sought on the grounds that the applicant had worsening pain complaints. Massage therapy and manipulative therapy were also endorsed. The requesting provider was a nurse practitioner (NP) associated with the pain management practice, it was acknowledged. There was no mention of how (or if) the proposed 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:

MRI (magnetic resonance imaging), Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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, the August 18, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider was a nurse practitioner (NP) associated with a pain management practice (as opposed to a spine surgeon), further reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider a surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.