

Case Number:	CM15-0175926		
Date Assigned:	09/17/2015	Date of Injury:	07/02/2013
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 2, 2013. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form of July 30, 2015 and an associated progress note of July 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 17, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities, left greater than right. Positive straight leg raising was noted. The applicant was asked to pursue lumbar MRI imaging. The applicant's work status was not detailed. The attending provider seemingly suggested that the applicant had had earlier MRI imaging in 2013, the results of which were not clearly reported. It was not stated why repeat lumbar MRI imaging was sought.

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, 3.0 Tesla: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Indications for magnetic resonance imaging.

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

Decision rationale: No, the request for MRI imaging of 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 or red flag diagnoses are being evaluated. Here, however, the attending provider's handwritten July 17, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, and made no mention of the claimant's considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. Therefore, the request was not medically necessary.