

Case Number:	CM15-0026682		
Date Assigned:	02/19/2015	Date of Injury:	09/27/2012
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 27, 2012. In a Utilization Review Report dated February 7, 2015, the claims administrator denied a request for lumbar MRI imaging. Non-MTUS ODG guidelines were invoked, despite the fact that the MTUS addressed the topic. A January 21, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant received trigger point injection therapy. On November 12, 2014, a home exercise kit and physical therapy were endorsed. On January 21, 2015, the applicant reported ongoing complaints of neck and low back pain, reportedly severe, 9/10. Some radiation of pain to the leg was appreciated. The applicant denied any history of previous surgery. The applicant exhibited positive straight leg raising about the lumbar spine and repeat cervical and lumbar MRI imaging were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG) -11th Edition (web), 2014, Low Back MRIs (magnetic resonance imaging).

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

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, there was/is no mention of the applicant's willingness to undergo any kind of surgical intervention based on the outcome of the proposed lumbar MRI. The fact that lumbar MRI imaging and cervical MRI imaging were concurrently endorsed reduces the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.