

Case Number:	CM15-0062312		
Date Assigned:	04/08/2015	Date of Injury:	04/05/2010
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/01/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 5, 2010. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form dated March 28, 2015 in its determination, along with progress notes of March 10, 2015 and January 13, 2015. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant reported ongoing complaints of low back pain, 7/10, with radiation of pain to the legs. The applicant did exhibit surgical scarring about the lumbar spine. The applicant was status post earlier lumbar fusion surgery, it was acknowledged. Neurontin, Flexeril, and Motrin were endorsed. The applicant's permanent work restrictions were renewed. On March 10, 2015, the applicant was described as having ongoing complaints of low back pain, 7-8/10, with radiation of pain to the legs, left greater than right. The applicant had had earlier lumbar MRI imaging of February 9, 2015 notable for evidence that the left pedicular screw at L5 appeared to contact the defending left L5 nerve root. Multiple medications were refilled. The applicant's permanent work restrictions were renewed. The attending provider did not state how (or if) he would act on the results of the proposed lumbar MRI. In a progress note dated January 30, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs, 7/10. An updated lumbar MRI imaging was endorsed while the applicant's permanent work restrictions were renewed.

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 Page(s): 303.

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, however, the treating provider did not signal his intention to act on the results of the lumbar MRI in question on the office visit on which it was proposed, January 13, 2015. The attending provider seemingly sought updated lumbar MRI imaging on that date, apparently for evaluation purposes, with no clearly formed intention of acting on the results of the same. The lumbar MRI imaging in question was seemingly positive and did apparently demonstrate a left L5 nerve root compression associated with indwelling lumbar spine hardware, it was stated on an office visit of March 10, 2015. The attending provider, however, went on to renew the applicant's medications and work restrictions on that date. Thus, the attending provider did not act on the results of the MRI in question, despite the fact that the results were positive. Therefore, the request was not medically necessary.