

Case Number:	CM15-0098833		
Date Assigned:	06/01/2015	Date of Injury:	01/26/2015
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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 22-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of January 26, 2015. In a Utilization Review report dated May 3, 2015, the claims administrator denied a request for lumbar MRI imaging apparently ordered on or around April 14, 2015. The applicant and/or the applicant's attorney subsequently appealed. In an RFA form dated April 14, 2015, lumbar MRI imaging was sought. In an associated progress note of same date, April 14, 2015, the applicant reported 6/10 low back pain radiating to the right thigh. The applicant was using Norco and Naprosyn for pain relief, it was further noted. Lumbar paraspinal tenderness was appreciated with symmetric reflexes evident. A rather proscriptive 10-pound lifting limitation was endorsed. The treating provider suggested that the applicant was working with said limitation in place. MRI imaging of the lumbar spine was apparently sought. On work status report of May 8, 2015 and May 20, 2015, the applicant was placed off of work, on total temporary disability.

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: Overturned

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): 296.

Decision rationale: Yes, the proposed lumbar MRI is medically necessary, medically appropriate, and indicated here. While the MTUS Guidelines in ACOEM Chapter 12, Table 12-4, page 296 notes that MRI imaging is not indicated for four to six weeks in applicants with lumbosacral nerve root compression with radiculopathy, here, however, the request in question was initiated on April 14, 2015, i.e. some two and a half months removed from the date of the injury, January 26, 2015. The applicant's low back pain complaints were not seemingly trending favorably as of that date. The applicant continued to report ongoing complaints of low back pain radiating to the right thigh, it was reported. Obtaining MRI imaging to delineate the extent of the applicant's radiculopathy, thus, was indicated, given the failure of the conservative treatment. Therefore, the first time request for lumbar MRI imaging is medically necessary.