

Case Number:	CM14-0039935		
Date Assigned:	06/27/2014	Date of Injury:	09/29/2011
Decision Date:	09/02/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 low back pain reportedly associated with an industrial injury of December 29, 2011. In a Utilization Review report dated March 3, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an office visit and an associated RFA form of February 24, 2014 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent clinical note on file was dated December 23, 2013, the most note overall dated January 16, 2014; thus, the February 24, 2014 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On December 23, 2013, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant did retain well-preserved lower extremity motor function and intact lower extremity sensorium. A TENS unit trial and Naprosyn were sought. The applicant was given a rather permissive 50-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. On an order form dated January 16, 2014, a prime dual stimulator device was sought.

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.

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

Decision rationale: No, the request for an MRI of the 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 February 24, 2014 progress note on which the article in question was sought was not seemingly incorporated into the IMR packet. The historical note dated December 23, 2013 made no mention of the applicant's considering or contemplating any kind of surgical intervention involving the lumbar spine. Therefore, the request was not medically necessary.