

Case Number:	CM13-0002570		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2009
Decision Date:	02/12/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36-year-old former painter who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 4, 2009. Thus far, he has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; a prior lumbar laminectomy-discectomy in August 2009; prior lumbar MRI imaging of October 8, 2012, apparently notable for evidence of prior hemilaminectomy with probable impingement at L5-S1; and extensive periods of time off of work. The applicant has apparently not worked since April 2009. In a Utilization Review Report of August 1, 2013, the claim's administrator denied a request for lumbar MRI imaging citing non-MTUS ODG guidelines. An October 31, 2013 is notable for comments that the applicant has a reasonable stable lumbar fusion. He does have some trace weakness about the right EHL and right ankle dorsiflexors. It is stated that there is some concern about the integrity of the right L4 and L5 nerve root and that the applicant needs an MRI scan to be performed to further evaluate his condition, preferably with contrast since the applicant has had prior surgery.

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 with and without contrast: Overturned

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.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, MRI imaging is "recommended" as a test of choice for those applicants who have had prior spine surgery. In this case, the applicant is, indeed, status post prior spine surgery. The attending provider has seemingly suggested on the most recent October 2013 progress note, referenced above, that the applicant has new neurologic compression/new neurologic impingement at the L4-L5 levels, which was not clearly delineated or established on prior MRI imaging in late 2012. The applicant did have corresponding weakness on exam, it was suggested. Thus, MRI imaging would appear appropriate, given the applicant's history of prior spine surgery and apparent new neurologic deficits noted on the most recent October 2013 office visit, which the attending provider apparently feels represents new impingement at levels not previously noted on the prior 2012 MRI. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.