

Case Number:	CM13-0019072		
Date Assigned:	10/11/2013	Date of Injury:	09/19/2011
Decision Date:	01/02/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old injured worker who reported a work related injury on 9/19/11. The patient sustained an injury to the low back. The clinical records include a 7/26/13 progress report with Dr. [REDACTED] where the patient was noted to be with continued complaints of low back pain following a work-related fall. It indicates at that time that surgical microdiscectomy had occurred in March 2012 which was treated with postoperative rehabilitation. The patient continues to complain of pain. Their physical examination at that time demonstrated markedly reduced diminished lumbar motion with multiple myofascial pain generators, a positive left-sided straight leg raise with equal reflexes on the right and absent reflexes on the left, and hypesthesia sensory changes to light touch in a left S1 dermatomal distribution. Their current working diagnosis was that of post-laminectomy syndrome status post L4-5 discectomy. A post-operative Magnetic resonance imaging (MRI) scan was recommended due to the patient's ongoing complaints. The records do not indicate previous MRI imaging in the post-operative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast (GAD) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Physician Reviewer's decision rationale: Based on the California MTUS/ACOEM Guidelines, MRI scan would appear warranted. The employee's physical examinations demonstrate a continued presence of a radicular process with sensory changes, positive straight leg raise, and absent reflexes. The request for MRI with contrast (GAD) of the lumbar spine is medically necessary and appropriate.