Case Number:	CM13-0045911		
Date Assigned:	04/02/2014	**Date of Injury:**	09/12/2011
Decision Date:	05/08/2014	**UR Denial Date:**	10/11/2013
Priority:	Standard	**Application Received:**	11/12/2013

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. The expert 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 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/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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of October 11, 2013, the claims administrator denied a request for lumbar MRI imaging despite noting the applicant's issues with lower extremity weakness. It is incidentally noted that the front page of the utilization review report stated that the request was "non-approved." In the text of the utilization review report, however, the physician utilization reviewer wrote that "the request for a repeat study is reasonable and guidelines supported. The medical necessity of the request is established." Thus, some portions of the report suggested that the MRI should be approved while the other portions seemingly suggested that the request should be denied. The claims administrator ultimately interpreted the utilization review report as a denial, it appears, however. In a neurosurgery note of August 6, 2013, the applicant is placed off of work, on total temporary disability. In a September 19, 2013 neurosurgery note, the applicant reports worsening low back complaints radiating to the left leg in a radicular distribution. The applicant is unable to walk on heel at all. He is dragging his leg. He is walking with a limp. Straight leg raising is positive. 4/5 to 5-/5 lower extremity strength is noted. New lumbar MRI is sought in light of the applicant's development of new radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI W/O CONTRAST 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): 303.

Decision rationale: The Expert Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal signs which identify neurologic compromise are sufficient evidence to warrant imaging studies in applicants who did not respond to treatment and who would consider surgery as an option were it offered to them. In this case, the applicant does seemingly have progressively worsening radicular complaints and radicular signs, including lower extremity weakness, and antalgic gait, etc., appreciated on the office visit in question. The requesting provider is a neurosurgeon, suggesting that the applicant would consider a surgical remedy were it offered to him. Therefore, the request is certified, on independent medical review.