

Case Number:	CM13-0051386		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2003
Decision Date:	05/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 a represented █████ Corporation employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and earlier lumbar fusion surgery. In a Utilization Review Report of November 5, 2013, the claims administrator noted that the applicant had heightened complaints of low back pain radiating to legs. MRI imaging was reportedly sought at that point. The claims administrator denied the request. The applicant's attorney subsequently appealed. In a clinical progress note of December 3, 2013, the applicant is described as having persistent low back pain issues, reportedly unchanged. The applicant's objective findings are unchanged. The applicant is given a diagnosis of post laminectomy syndrome. It is stated that the applicant is in possible need of further surgical intervention and that MRI imaging is needed to delineate the same. The applicant is placed off of work. In an earlier note of October 22, 2013, the applicant was described as having ongoing issues of low back pain with numbness about the bilateral legs. The applicant had evidence of hyporeflexia. The applicant was described as having 5/5 lower extremity strength. The applicant did state that it was difficult for him to sit, stand, and/or walk for lengthy amounts of time. The applicant reported heightened low back pain, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery. In this case, the applicant does seemingly have ongoing complaints of low back pain radiating to the legs. The applicant does have heightened radicular complaints. The applicant is status post earlier lumbar fusion surgery. The attending provider has stated that the applicant may be a candidate for further spine surgery, based on the outcome of the MRI. MRI imaging is indicated, for all of the stated reasons. Therefore, the request is certified.