

Case Number:	CM14-0105568		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2010
Decision Date:	10/14/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 12/17/2010. The date of the utilization review under appeal is 06/28/2014. The patient's diagnosis is status post an L5-S1 fusion. On 06/17/2014, ■■■■■ saw the patient in followup and submitted a PR-2 report. He noted that the patient had no change in symptoms and that an MRI had been denied. The patient had now been noted to develop 4/5 anterior tibialis reflex, suggestive of pattern of right L5 radiculopathy with progressive weakness. The treating physician requested an appeal of a prior denial requesting an MRI of the lumbar spine. An initial physician review of 06/28/2014 notes that a plan for invasive procedure of the lumbar spine was not specified, and prior conservative therapy visit notes were not specified. Therefore, the reviewer concluded that an MRI of the lumbar spine was not indicated. The reviewer noted the patient's weakness on examination though did not appear to interpret the handwriting which additionally reported focal weakness in a new right L5 pattern, specifically in the right anterior tibialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the 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. 309.

Decision rationale: The underlying date of injury in this case is 12/17/2010. The date of the utilization review under appeal is 06/28/2014. The patient's diagnosis is status post an L5-S1 fusion. On 06/17/2014, [REDACTED] saw the patient in followup and submitted a PR-2 report. He noted that the patient had no change in symptoms and that an MRI had been denied. The patient had now been noted to develop 4/5 anterior tibialis reflex, suggestive of pattern of right L5 radiculopathy with progressive weakness. The treating physician requested an appeal of a prior denial requesting an MRI of the lumbar spine. An initial physician review of 06/28/2014 notes that a plan for invasive procedure of the lumbar spine was not specified, and prior conservative therapy visit notes were not specified. Therefore, the reviewer concluded that an MRI of the lumbar spine was not indicated. The reviewer noted the patient's weakness on examination though did not appear to interpret the handwriting which additionally reported focal weakness in a new right L5 pattern, specifically in the right anterior tibialis.