

Case Number:	CM14-0037153		
Date Assigned:	06/25/2014	Date of Injury:	04/15/1995
Decision Date:	10/02/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 57 year-old man who has a date of injury of April 15, 1995. He had multiple surgeries including an anterior-posterior fusion L3-S1. He was seen on Feb 6, 2014 and then on Feb 12, 2014 by a neurosurgeon. At that time he complained on mid-lumbar region back pain 10/10. Radiographs failed to show clear fusion or clear non-union at L2-L3. Level at L3-L4 and L4-L5 show a clear union. A neurological exam was non-focal, and a computed tomography (CT) scan was stated to be needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low back procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5. LOW BACK COMPLAINTS Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: This injured worker is a 57 year-old man who has a date of injury of April 15, 1995. He had multiple surgeries including an anterior-posterior fusion L3-S1. He was seen

on Feb 6, 2014 and then on Feb 12, 2014 by a neurosurgeon. At that time he complained on mid-lumbar region back pain 10/10. Radiographs failed to show clear fusion or clear non-union at L2-L3. Level at L3-L4 and L4-L5 show a clear union. A neurological exam was non-focal, and a computed tomography (CT) scan was stated to be needed. The request for MRI Lumbar spine is medically necessary.