

Case Number:	CM14-0141489		
Date Assigned:	03/09/2015	Date of Injury:	04/05/2011
Decision Date:	04/13/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 5, 2011. In a Utilization Review Report dated August 7, 2014, the claims administrator failed to approve a request for lumbar MRI imaging while approving CT imaging of the lumbar spine. A neurosurgery consultation of July 19, 2014 was referenced in the determination. Non-MTUS ODG guidelines were invoked. The applicant's attorney subsequently appealed. CT imaging of the lumbar spine dated August 13, 2014 was notable for stage 1 anterolisthesis of L5-S1 with slight effacement of the thecal sac. An associated progress note of July 19, 2014 was notable for comments that the applicant reported severe mechanical low back pain with bilateral lower extremity radicular complaints. 4+ to 5-/5 to 5/5 bilateral lower extremity strength was appreciated. The applicant did exhibit a visible limp. MRI imaging and CT imaging were endorsed. The requesting provider, a neurosurgeon, suggested that the applicant was an excellent surgical candidate.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider, a neurosurgeon, did signal his intention to act on the results of the study in question and/or consider a surgical intervention based on the outcome of the same. The applicant did have reportedly severe axial and radicular pain complaints and was reportedly a surgical candidate. Obtaining MRI imaging for preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.