

Case Number:	CM14-0207211		
Date Assigned:	12/19/2014	Date of Injury:	11/29/2012
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

60-year-old male claimant sustained a work injury on 11/29/12 involving the low back. He was diagnosed with lumbar stenosis. He was diagnosed with lumbar and cervical radiculopathy. He had undergone a hemi laminectomy of L4 -L5. An MRI on September 9, 2014 indicated residual central disc protrusion at L4- L5 without any stenosis. In October 2014 the claimant had undergone a revision of decompression and decompression of bilateral L4- L5 levels. He had no pain postoperatively however after going through physical therapy he had developed sudden pain within his legs and back. A progress note on November 14, 2014 indicated the claimant's pain goes to 8/10 without medication. He had tibialis weakness at the time of visit on the left side greater than the right side. There was numbness coming down in the dorsal aspect of both feet. The surgical site was well-healed, clean dry and intact without erythema or drainage. The treating physician requested an urgent MRI of the lumbar spine to asses for collection of fluid or a possible disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI - Closed High Field Scanner: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. The claimant had an MRI 2 months ago and surgery one month ago. The surgical site appeared very healthy and there was no acute neurological findings. The request for an MRI of the lumbar spine is not medically necessary.