

Case Number:	CM14-0210016		
Date Assigned:	12/23/2014	Date of Injury:	04/11/2013
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 patient is a 44-year-old female who sustained an injury on 4/11/2013. She apparently passed out in her office at work and has been having back pain ever since. She did have an MRI performed on 3/11/2014, which showed a 5-6 mm disk bulge, causing left foraminal narrowing and a very degenerative disk at L5-S1. A 3/11/2014 EMG/NCS identified C6-C7 radiculopathy and Bilateral L5-S1 radiculopathy. This MRI was noted to be of "poor quality" on a 5/28/2014 Orthopedic consult note. Prior treatment has included physical therapy and accupuncture therapy, and lumbar ESI. Her disability status is stated to be temporary total disability. An 11/21/2014 primary treating physician's progress report states that a new high quality lumbar MRI is going to be requested. He states, "This can will help us determine whether or not the patient is a candidate for a microsurgery or would require a more reconstructive procedure." A utilization review physician did not certify the request. Therefore, an independent medical review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: One of the California MTUS criteria for ordering an imaging study such as an MRI is for clarification of the anatomy prior to an invasive procedure. This patient has had persistent low back pain with radiculopathy despite conservative measures. She is being considered as a possible surgical candidate. The last MRI she had performed in 2014 did show significant pathology, but was also noted to be of poor quality. It is reasonable and medically necessary to repeat the MRI in this case.