

Case Number:	CM15-0109232		
Date Assigned:	06/15/2015	Date of Injury:	06/28/2012
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 40 year old male, who sustained an industrial injury on 6/28/2012. Diagnoses include displacement of lumbar intervertebral disc and lumbar stenosis. Treatment to date has included surgical intervention (anterior retroperitoneal dissection, exposure of L4-L5 and L5-S1 disc space levels, L4-L5 and L5-S1 arthrodesis and instrumentation and removal of hardware on 8/11/2014), Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported that he was in quite a bit of pain status post removal of hardware (8/11/2014). His left leg pain has improved significantly after the removal of hardware but his back pain continues to be a problem. Physical examination revealed a well healed back wound with no signs of infection. The plan of care included diagnostics and follow up care and authorization was requested for a pain management consultation and magnetic resonance imaging (MRI) lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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): 298-303.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction, no red flags and no evidence that treatment modalities have been tried and failed. The request is not medically necessary.