

Case Number:	CM15-0133429		
Date Assigned:	07/27/2015	Date of Injury:	08/01/2012
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 45-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of August 1, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for repeat lumbar MRI imaging. The claims administrator referenced an RFA form received on June 20, 2015 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of June 16, 2015 was notable for a left L4-L5 radiculopathy. On June 20, 2015, it was stated that the applicant was permanently disabled and would remain off of work indefinitely. The applicant had not worked since 2012, it was acknowledged. The applicant had undergone earlier failed spine surgery, it was reported. The applicant was asked to consider an epidural steroid injection. Norco, Neurontin, and Topamax were renewed. Repeat lumbar MRI imaging was sought to reassess a supposed recurrent postoperative disk herniation. The applicant did exhibit an antalgic gait and equivocal weakness of the left foot everted. Hyposensorium about the left leg was appreciated. The applicant was asked to consult a neurosurgeon, it was stated toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI 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), Treatment Index, 13th Edition (Web), 2015, Low back, MRI.

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

Decision rationale: Yes, the request for repeat lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery, as transpired here. Here, the applicant was described as having heightened radicular pain complaints on June 20, 2015. The applicant was asked to consult a neurosurgeon. The applicant did exhibit some equivocal weakness and dysesthesias about the left leg. The fact that the applicant had had prior surgery and was in the process of consulting a neurosurgeon significantly increased the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.