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| Case Number: | CM15-0168652 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 03/22/2011 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: California

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 43 year old male, who sustained an industrial injury on 03-22-2011. Current diagnoses include status post global arthrodesis L4-L5-S1 with persistent back and leg pain, anxiety and depression, musculoskeletal deconditioning, Oxycodone dependence, and thoracic disc disease rule thoracic myelopathy. Treatment and diagnostics to date has included lumbosacral spine fusion, cortisone injection to his lumbar spine with no relief, psychotherapy, and use of medications. Current medications include Percocet, which is noted to be in the weaning process. In a progress note dated 08-04-2015, the injured worker reported significant pain rated 9 out of 10 on the pain scale which is noted to flare up to 10 out of 10 on a regular basis with the lowest level being 7 out of 10. Objective findings included broad based gait with use of a cane and left lateral foot numbness. The Utilization Review report dated 08-19-2015 non-certified the request for a lumbar spine MRI (with and without GAD).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (with and without Gad) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted chronic neurological dysfunction but nothing that is noted to be new. Patient has had various imaging already that showed that fusion was maintained. Rationale for MRI was for "recurrence and pseudoarthrosis". It is unclear why the provider believes that this may be occurring since there is no significant change in patient's baseline status except for pain. Exam and rationale does not meet criteria for MRI of lumbar spine. The request is not medically necessary.