

Case Number:	CM15-0024681		
Date Assigned:	02/17/2015	Date of Injury:	07/24/2010
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 7/24/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included transitional lumbar anatomy and status post L4-5 decompression fusion with intractable pain. Treatments to date include status post L4-5 decompression fusion and oral pain medications. In a progress note dated 1/6/15 the treating provider reports the injured worker was with "low back pain mainly on the right side and radiating to bilateral lower extremities...pain is constant...range of motion is decreased secondary to pain." On 1/28/15 Utilization Review non-certified the request for a lumbar spine magnetic resonance imaging. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines: 11th edition (web) 2014, Low Back, MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for radiating low back pain with treatment including a lumbar fusion. When seen by the requesting provider, there was positive left straight leg raising. Applicable criteria for obtaining an MRI in this case include low back pain in the setting of prior lumbar surgery as in this case. Therefore, the requested MRI was medically necessary.