

Case Number:	CM15-0029065		
Date Assigned:	02/23/2015	Date of Injury:	10/17/2009
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 57-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 2009. In a utilization review report dated January 22, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. On February 10, 2013, the applicant was described as having ongoing complaints of low back pain, reportedly radiographically confirmed. The applicant was apparently in the process of consulting a spine surgeon to obtain a surgical decompression at L5-S1. The applicant was off work and was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was acknowledged. The applicant's medication list included Mobic, Prilosec, Oxybutynin, Oxycodone, Pristiq, Risperdal, and Valium, it was incidentally noted. The attending provider stated that the applicant's last lumbar MRI was in September 2013. The attending provider stated that the applicant's spine surgeon required lumbar MRI imaging for preoperative planning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Workers' Compensation, online edition, Chapter; Low Back-Lumbar & thoracic (Acute & Chronic), Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: 1. Yes, the request for lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, it does appear that the applicant was/is considering surgical intervention involving the lumbar spine. The applicant does have ongoing, reportedly worsened radicular pain complaints. Obtaining lumbar MRI imaging for preoperative planning purposes, thus, was indicated here. Therefore, the request is medically necessary.