

Case Number:	CM15-0219288		
Date Assigned:	11/12/2015	Date of Injury:	03/11/2013
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with industrial injury of March 11, 2013. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve requests for lumbar MRI imaging. A September 11, 2015 office visit and an associated RFA form received on October 14, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. CT imaging of lumbar spine without contrast dated May 1, 2015 was notable for an 8 mm posterior distribution lateralizing toward the left side and obliterating the left lateral recess. The applicant had undergone an earlier L4-L5 fusion surgery, the radiologist noted. On September 11, 2015, the applicant reported ongoing issues with chronic low back pain within an associated profound limp, left foot drop, and weakness about the left L5 nerve root distribution. Lumbar MRI imaging was sought. The requesting provider, a spine surgeon, suggested that he would formulate appropriate surgical options based on outcome of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: Yes, the request for MRI imaging of the lumbar spine 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 seemingly transpired here. The requesting provider, a spine surgeon, noted on September 11, 2015 that the applicant had ongoing issues of low back pain radiating to the left leg, exhibited a weakness and a foot drop about the same, had undergone prior spine surgery and was seemingly intent on pursuing further spine surgery based on the outcome of the study in question. Therefore, the request was medically necessary.