

Case Number:	CM15-0037170		
Date Assigned:	03/05/2015	Date of Injury:	05/14/1999
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an industrial injury on 5/14/99. He subsequently reports ongoing low back pain with radiation to the right leg. Diagnoses include failed back syndrome. The injured worker has undergone lumbar spine surgery. Treatments to date have included a knee brace, spinal cord stimulator, physical therapy, injections and prescription pain medications. On 2/2/15, Utilization Review non-certified a request MRI of the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 52-year-old male with an injury of 05/14/1999. He sustained a lumbar injury and had lumbar surgery. He had previous MRIs of the lumbar spine, physical therapy, injections, spinal cord stimulator and medication. He has ongoing back pain and right

leg pain. The request for a MRI of the lumbar spine is not consistent with MTUS, ACOEM guidelines as there are no new red flag signs, no recent severe trauma and the patient already has failed back surgery syndrome; he is not a candidate for immediate lumbar surgery.