

Case Number:	CM15-0053087		
Date Assigned:	03/26/2015	Date of Injury:	02/09/2010
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 53 year old male who sustained an industrial injury on 02/09/2010. Current diagnoses include L4-5 and L5-S1 disc herniation and facet syndrome. Previous treatments included medication management, and epidural injection. Previous diagnostic studies included an x-ray and MRI. Report dated 01/10/2015 noted that the injured worker presented with complaints that included severe disabling pain in the neck, low back, and mid back. Pain level was rated as 2 out of 10 in the neck, 8 out of 10 in the low back, and 5 out of 10 in the mid back on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for repeat L5-S1 intralaminar epidural injection and request for lumbar MRI scan since it has been two years since the last one and the physician would like to see what the exact current anatomy and pathology is. Disputed treatment includes 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 Lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, MRI.

Decision rationale: Records report ongoing pain with positive abnormal neurologic findings and findings consistent with radiculopathy. ODG guidelines support imaging for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. The medical records report the presence of neurologic deficits. As such the medical records provided for review, do support repeat imaging at this time. Therefore the request is medically necessary.