

Case Number:	CM14-0215403		
Date Assigned:	01/05/2015	Date of Injury:	01/09/2011
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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, Ohio, 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 9, 2011. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for lumbar MRI imaging with and without contrast. The claims administrator referenced a November 17, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a December 31, 2014 progress note, the applicant reported persistent complaints of low back pain, 7/10, radiating to the left lower extremity. The attending provider stated that the applicant wished to obtain and L4-L5 laminotomy-foraminotomy-microdiscectomy surgery, given electrodiagnostically-confirmed lumbar radiculopathy. The attending provider stated that new MRI was needed for preoperative planning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of Lumbar with and without GAD: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53;303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 297.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-2, page 297, MRI imaging with gadolinium contrast positive for scarring is the diagnostic test of choice for applicants who carry diagnosis of postlaminectomy syndrome, as was/is present here. The applicant had undergone previously failed lumbar spine surgery. The attending provider stated that he was intent on obtaining new lumbar MRI imaging for preoperative planning purposes. This is an appropriate usage of lumbar MRI imaging with gadolinium contrast, per ACOEM. Therefore, the request for MRI of Lumbar with and without GAD is medically necessary.