

Case Number:	CM15-0009180		
Date Assigned:	01/27/2015	Date of Injury:	12/10/2011
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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, 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 injured worker is a 58 year old male who sustained an industrial injury on 12/10/2011. The injured worker complains of worsening back and leg pain. Diagnoses include lumbosacral strain with mechanical discogenic low back pain, right L5 radiculopathy, and L4-5, L5-S1 3mm right paracentral disc protrusion. Treatment to date has included medications, diagnostic imaging and other therapies. A physician progress report dated 12/15/2014 documents the injured worker complains of worsening back and leg pain in the last two years. Lumbosacral flexion is 90 degrees, extension is 25 degrees. Bilateral flexion is 30 degrees. The treating provider is requesting and Magnetic Resonance Imaging of the lumbar spine, to rule out new level of disc injury versus worsening of L4-5, and L5-S1 disc protrusion. On 12/19/2014 the Utilization Review non-certified the request for the Magnetic Resonance Imaging of the lumbar spine and cited was California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Low Back Complaints-Special Studies and Diagnostic and Treatment Considerations, and Official Disability Guidelines. The injured worker is a 58 year old male who sustained an industrial injury on 12/10/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 (ODG) Low Back (updated 11/21/14)

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

Decision rationale: Yes, the proposed lumbar MRI is 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, the applicant was described on two consecutive progress notes on November 10, 2014 and December 16, 2014 as exhibiting worsening complaints of low back pain radiating to the right leg. The treating provider did seemingly suggest on at least one occasion that the applicant was willing to act on the results of the proposed lumbar MRI and/or consider interventional treatment, including an interventional spine procedure, based on the outcome of the proposed lumbar MRI. Therefore, the request is medically necessary.