

Case Number:	CM15-0127801		
Date Assigned:	07/08/2015	Date of Injury:	01/09/2008
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 54-year-old who has filed a claim for chronic neck, low back, and elbow pain reportedly associated with an industrial injury of January 9, 2008. In a June 17, 2015, Utilization Review report, the claims administrator retrospectively denied a lumbar MRI performed on June 19, 2014. The applicant's attorney subsequently appealed. The June 19, 2014 lumbar MRI was notable for postsurgical changes at L4 with multilevel degenerative changes appreciated at the level. A broad-based posterior disk herniation at L4-L5 did cause spinal stenosis and lateral recess stenosis with contact upon the L4 exiting nerve roots. The contact upon L2 and L3 nerve roots was also appreciated with spinal stenosis at L5-S1 also evident. On December 9, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant had undergone both cervical and lumbar spine surgery, it was reported. Painful lumbar range of motion with positive straight leg raising was appreciated. Two epidural steroid injections were sought. The attending provider suggested that the applicant would require multilevel lumbar fusion surgery at L3-S1. Norco, Flexeril, and Viagra were endorsed while the applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On October 22, 2014, the attending provider reiterated his request for an anterior-posterior lumbar fusion surgery. Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI of lumbar spine (DOS: 6.19.14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 304.

Decision rationale: Yes, the lumbar MRI performed on June 19, 2014 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines 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. Here, the applicant had apparently had prior lumbar laminectomy surgery, it was suggested above. The lumbar MRI in question was performed on June 19, 2014 and did demonstrate multilevel disk protrusions, disk herniations, degenerative changes, nerve root compromise, spinal stenosis, etc. The lumbar MRI imaging in question, thus, was positive. The applicant's spine surgeon did seemingly act on the results of the lumbar MRI in question by seeking authorization for surgical intervention. Therefore, the request was medically necessary.