

Case Number:	CM15-0128642		
Date Assigned:	07/15/2015	Date of Injury:	11/27/2012
Decision Date:	08/10/2015	UR Denial Date:	06/04/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 11/27/2012. He reported low back pain while lifting a heavy piece of metal. The injured worker was diagnosed as having lumbar sprain/strain, lumbar radiculopathy, lumbar spinal stenosis, and lumbar spondylolisthesis. Treatment to date has included diagnostics, acupuncture, lumbar transforaminal epidural steroid injection at left L4 and L5 on 4/13/2015, and medications. Currently (5/26/2015), the injured worker complains of low back pain, rated 4/10 with medication use and 8/10 without. He also reported numbness and tingling down both legs to his feet. He reported no relief from recent injection. Medication use included Norco and Naproxen. He reported no changes since his last visit. Objective findings noted 5/5 strength in the lower extremities, positive straight leg raise on the left, decreased sensation at the left L4 dermatome, and mild pain with range of motion. The treatment plan included updated magnetic resonance imaging of the lumbar spine to evaluate for progression of spinal pathology and consideration for surgical evaluation if needed. The Qualified Medical Evaluation Report (4/21/2015) referenced x-rays and magnetic resonance imaging of the lumbar spine from 2013. He did not want to proceed with any surgical intervention to his lumbar spine. He was deemed to have reached maximum medical improvement and was permanent and stationary.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had an MRI in 2013 which showed a grade I spondylolisthesis of L4-L5 and L5- spinal stenosis. The claimant had persistent pain despite conservative care and the physician requested an MRI with possible surgery if there was a pathological finding. As a result, the request for an MRI is medically necessary.