

Case Number:	CM15-0175924		
Date Assigned:	09/17/2015	Date of Injury:	12/17/2012
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 17, 2012. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for lumbar MRI imaging with and without contrast. The claims administrator referenced an August 28, 2015 RFA form and an associated progress note of the same date in its determination. The claims administrator stated that its decision was based on ACOEM Guidelines but did not incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. On an RFA form dated February 3, 2015, lumbar MRI imaging was sought. In an associated progress note dated February 3, 2015, the applicant reported ongoing complaints of low back pain. The attending provider stated that lumbar MRI imaging was being sought for the purposes of ascertaining whether or not the applicant's pathology was sacroiliac versus radicular in nature. On August 25, 2015, the applicant reported ongoing complaints of low back pain with associated left lower extremity radicular pain complaint. The applicant exhibited an antalgic gait, intact sensorium, and unspecified amounts of weakness about the left quadriceps musculature and left ankle dorsiflexor musculature with remaining motor testing intact. The applicant was given a Toradol injection. Lyrica, Norco, and lumbar MRI imaging were sought. The attending provider stated that updated lumbar MRI was needed to determine the next best course of action in treatment and further stated that MRI imaging with contrast was needed to differentiate the presence of scar tissue from normal tissue. It was suggested, thus, that the

applicant had had prior spine surgery. The requesting provider was an orthopedic surgeon, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the lumbar spine with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Diagnosis Criteria, Summary.

Decision rationale: Yes, the proposed MRI of the lumbar spine with and without contrast was medically necessary, medically appropriate, and indicated here. The attending provider stated that MRI imaging with and without contrast was sought to differentiate new disk herniation versus scar tissue, presumably associated with earlier spine surgery. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 notes that MRI imaging with contrast positive for scarring is the test of choice to determine the presence of post laminectomy syndrome, i.e., the diagnosis reportedly present here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that MRI imaging is recommended as the test of choice for applicants who have had prior back surgery, as seemingly transpired here. The requesting provider seemingly suggested on August 25, 2015 that the applicant would potentially act on the results of the study in question and consider surgical intervention based on the outcome of the same. Moving forward with the same was indicated, given the applicant's heightened radicular pain complaints and allegations of left lower extremity weakness reported on August 25, 2015. Therefore, the request is medically necessary.