

Case Number:	CM15-0028414		
Date Assigned:	02/20/2015	Date of Injury:	06/05/2007
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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: North Carolina, Georgia
 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 38 year old female who sustained an industrial injury on 6/5/07 resulting in back pain. She currently complains of continued pain and stiffness to her lumbar spine radiating down both legs with numbness and tingling to the lower extremities. Use of medications was mentioned but no specific medications were documented. Diagnoses include status post lumbar surgery (7/30/12) lumbar decompression and fusion L3 through S1; bilateral lower extremity radiculopathy, left greater than right; history of methicillin resistant staphylococcus aureus infection lower extremities. Treatments to date include medications, physical therapy. Diagnostics include Lumbar MRI (5/3/11), which was abnormal; lumbar spine x-ray (11/16/12) and (2/20/13) showing good position of hardware from L3 through S1; computed tomography of the lumbar spine (1/27/14) which was abnormal. In the progress note dated 12/19/14 the treating provider requested an updated lumbar MRI in view of the persistent pain issues. On 1/16/15 Utilization review non-certified the request for lumbar MRI citing ODG: Low back, MRIs.

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, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. There is documentation of consideration of surgical intervention which cannot be pursued without a more recent MRI (the last being 2/20/2013). I am overturning the original UR decision; MRI of LS spine is medically indicated.