

Case Number:	CM15-0036166		
Date Assigned:	03/04/2015	Date of Injury:	07/16/2013
Decision Date:	05/27/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Massachusetts

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 (IW) is a 53 year old female who sustained an industrial injury on 07/16/2013. She reported low back pain after a L5-S1 laminectomy for a free fragment. The injured worker was diagnosed as having an extruded free fragment prior to the laminectomy/discectomy. Treatment to date has included physical therapy started one day prior to the surgery, and oral pain medications. Currently, the injured worker complains of right sided lower back pain that is not focal and spreads across lower back with no radiating leg pain. Prolonged walking increases her back pain. Motor function and sensation is normal. A Magnetic Resonance Imaging (MRI) Lumbar spine, with/without contrast, as an outpatient has been ordered and a request for authorization made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar spine, with/without contrast, outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297 (table 12-4); Diagnostic Criteria for Non-red-flag Conditions that Can Be Managed by Primary Care Physicians).

Decision rationale: The peer reviewer states that MRI is not indicated since there are no "red flag conditions" suggesting progressive neurologic disorder or any other parameter which an MRI might be necessary". I agree that according to the medical records there is no report of focal neurological findings (ie. strength and sensation are fully intact and pain is non focal and non radiating), as such there is no concern for a neurological disorder that necessitates an MRI. However, the patient is status post laminectomy and the symptoms are suspicious for post-laminectomy syndrome. According to ACOEM guidelines (Table 12-4; Diagnostic Criteria for Non-red-flag Conditions that Can Be Managed by Primary Care Physicians), lumbar MRI is appropriate test for post laminectomy syndrome; consequently the requested study is appropriate according to the cited guidelines and records reviewed. The request is medically necessary.