

Case Number:	CM15-0064375		
Date Assigned:	04/10/2015	Date of Injury:	09/03/1991
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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

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 56 year old male, who sustained an industrial injury on 09/03/1991. He has reported subsequent back pain and was diagnosed with degeneration of the lumbar intervertebral disc and thoracic spondylosis. Lumbar spine MRI dated 1/26/15 notes that the injured worker is status post laminectomy L4-5 and lumbar fusion L5-S2. Treatment to date has also included oral pain medication and a home exercise program. According to a progress note dated 02/27/2015, the injured worker has increased lower extremity symptoms not explained by lumbar spine. He has had near falls. Examination revealed decreased sensation in the lateral dorsum forearm and decreased sensation lateral thigh and leg. A request for authorization of MRI of the dorsal spine was submitted for pain and spur dysesthesia. MRI is to be compared to 2011 study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of dorsal spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to ACOEM guidelines neck and upper back chapter, criteria for ordering an MRI include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for dorsal spine MRI is supported. Physical examination has noted neurologic deficits and the injured worker is noted to have a history of spurs. The request for updated dorsal spine MRI to be compared to the previous 2011 is supported given the current examination findings. The request for MRI scan of dorsal spine without contrast is medically necessary.