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| Case Number: | CM15-0074495 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 02/14/2006 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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, Texas
 Certification(s)/Specialty: Internal 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 is a 39-year-old male, who sustained an industrial injury on 2/14/2006. He reported back pain. The injured worker was diagnosed as having herniated disc at L4-5 on the left, and L5-S1, and status post left L4-5 hemilaminotomy and microdiscectomy. Treatment to date has included medications, epidural injections, modified duties, urine drug screening, and lumbar surgery. The request is for a magnetic resonance imaging of the lumbar spine. On 10/2/2014, he complained of continued back pain. On 12/18/2014, a QME report indicates future care of gastrointestinal issues. On 2/7/2015, a supplemental report indicates he had low back surgery and tolerated the surgery well.

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 with and without contrast: Upheld

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 Chapter, MRI Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s303-304.

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case, the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. The change in sensation of the extremity can be further examined by an EMG or NCS. The symptoms are chronic and the documentation does not support a progressive neurological dysfunction. Therefore, the request is not medically necessary.