

Case Number:	CM15-0098350		
Date Assigned:	05/29/2015	Date of Injury:	10/04/2001
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: Emergency 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 55 year old male, who sustained an industrial injury on 10/4/2001. He reported injury from picking up a heavy object. The injured worker was diagnosed as status post anterior/posterior lumbar fusion. Lumbar computed tomography scan showed solid lumbar fusion and some central canal and foraminal stenosis at lumbar 4-5. Treatment to date has included surgery, physical therapy, epidural steroid injection and medication management. Currently, the injured worker complains of increasing pain in the legs with standing and walking. Physical examination showed moderate tenderness over the paraspinal muscles. The treating physician is requesting a magnetic resonance imaging with Gadolinium, closed with a 1.5 Tesla magnet of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Gadolinium (GADO), closed 1.5 Tesla magnet, lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309. Decision based on Non-MTUS Citation ODG: Low Back: MRIs(Magnetic Resonance Imaging).

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Provider has documented that concern is worsening pain which is concerning for potential painful myelopathy and that CT shows poor or failure of fusion from surgery and patient may require another surgery. Request for MRI with contrast due to worsening pain and CT findings is justified and is medically necessary.