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| <b>Case Number:</b>   | CM13-0004171 |                              |            |
| <b>Date Assigned:</b> | 08/09/2013   | <b>Date of Injury:</b>       | 04/01/2010 |
| <b>Decision Date:</b> | 01/14/2014   | <b>UR Denial Date:</b>       | 07/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar MRI imaging of August 30, 2012, notable for multilevel spondylosis of uncertain clinical significance; electrodiagnostic testing of 2010 and 2011, apparently notable for peripheral neuropathy; multiple prior lumbar epidural steroid injections; and a cane. In a utilization review report of July 12, 2013, the claims administrator denied the request for a lumbar MRI, citing lack of clear-cut neurologic compromise. The applicant's attorney later appealed, on July 24, 2013. The actual MRI of August 28, 2013 is reviewed and notable for mild degenerative spondylolytic changes resulting in multilevel low-grade stenoses, greatest at L3-L4. No significant interval changes since August 3, 2012 are appreciated.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 290-303.  
Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 12, unequivocal findings which identify specific neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who did not respond to treatment and/or would consider a surgical remedy were it offered to them. In this case, however, there is no evidence that the applicant had any clear evidence of neurologic compromise which would warrant MRI imaging. There is no evidence that the applicant would consider a surgical remedy were it offered to him. The applicant has had multiple prior negative or non-diagnostic MRI studies, it is further noted. The MRI ultimately did not reveal any significant interval changes as compared to a prior lumbar MRI of August 3, 2012. For all of these reasons, then, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.