

<b>Case Number:</b>	CM13-0013296		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 patient is a 52 year old male with the date of injury of 2006 to July 2010. Records from July 3, 2013 indicate the patient is scheduled to have a discogram on August 12, 2013. The patient reports severe back pain, he is working however. There is no indication that the patient's condition has changed within the past year. The treating doctor requested in lumbar MRI is the patient is pending surgery and has not had an MRI scan in the last year. The patient states that his lumbar corset is difficult for him to use when working. There is no indication of a lumbar instability or recent surgical procedure. An MRI from 6/21/12 shows disc desiccation in L2-3 and L5-S1 and posterior disc bulges at L2-3 and L3-4, and L5-S1 with associated degenerative changes and facet degenerative changes.

### 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 Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The 2007 ACOEM Guidelines state that repeat MRIs without significant clinical deterioration in symptoms and/or signs is also not recommended. According to the medical records provided for review, the patient has had an MRI one year prior and has not had any documented change in symptoms or presentation. There is no neurological deterioration noted. Therefore the request for an MRI of the lumbar spine is not medically necessary and appropriate.

**Lumbar corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 18th Edition (web), 2013, Treatment in Worker's Compensation, Low Back Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** ACOEM Guidelines do not recommend the use of lumbar supports unless there is instability. The Official Disability Guidelines corroborate this lack of recommendation for lumbar supports. There is no documentation that this patient needs a lumbar support except for comfort. There is no indication of lumbar instability. Therefore, the request for a lumbar corset is not medically necessary and appropriate.