

<b>Case Number:</b>	CM13-0040037		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert 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 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/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 34-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 21, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, lumbar medial branch blocks, including on July 8, 2013 and a TENS unit. In a utilization review report of September 25, 2013, the claims administrator denied a request for a lumbar MRI. The applicant's attorney subsequently appealed. A psychiatry note of October 10, 2013 is notable for comments that the applicant presented with an angry, hostile mood and effect. The applicant was given a diagnosis of major depressive disorder (MDD) with Global Assessment of Functioning (GAF) of 47. An MRI of the lumbar spine performed on December 12, 2013 was read as negative for any vertebral body fracture, spondylolisthesis, scoliosis, spinal canal stenosis, neuroforaminal narrowing, or disk herniation. A clinical progress note of July 15, 2013 is notable for comments that the applicant reports ongoing low back pain, which reportedly heightened as a result of the medial branch blocks. The applicant was described as having had an earlier negative lumbar MRI of May 22, 2012. The applicant denied any symptoms of leg pain at this time. The applicant exhibited a normal gait, symmetric lower extremity reflexes, and 5/5 strength about the bilateral lower extremities. Repeat lumbar MRI imaging was sought on the grounds that the earlier lumbar MRI was not somewhat dated. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE LUMBAR SPINE:** Upheld

**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): 303.

**Decision rationale:** As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in applicants who do not respond to treatment in whom a surgical intervention is being considered. In this case, however, there is no indication that the applicant is actively considering or contemplating surgery. The most recent progress note provided suggested an absence of radicular complaints or corresponding radicular signs on exam. The applicant's mental health issues appear to obfuscate the clinical picture, it was further noted. Lumbar MRI imaging was not indicated in this context. It is further noted that the MRI study was ultimately performed in December 2013 and was essentially negative. For all the stated reasons, then, the request is not medically necessary, on independent medical review.