

<b>Case Number:</b>	CM13-0066495		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Emergency 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:

This is a patient with date of injury of 8/27/1996. The mechanism of injury described as a slip and fall. The patient has a diagnosis of chronic pain syndrome, "nonallopathic" lesion of entire spine and radiculitis due to displacement of lumbar disc. Medical records reviewed from primary treating physician. No consultant records or any imaging reports were provided. The patient complains of low back pain. Pain is sharp and spasms exacerbated with sitting, bending and lifting. Pain is 6/10. Physical therapy notes constant low back pain ongoing for years. There are no reported fevers, new weakness, and no change in bladder or bowel function. The record from 9/13/13 describes pain that is "chronic injury with exacerbation". The records back to 11/16/12 show no change in patient's complaints. All objective exam notes are very brief with no neurological, motor or any relevant exam documented and only states "Somatic dysfunction of muscular skeletal system" L4,5 SR with bilateral tenderness. All exams are unchanged and document the same brief note for the last 1 year. Note from osteopathic physician states that he has done osteopathic manipulations on patient during multiple visits to the clinic. There is no documentation of any actual improvement with these manipulations. There is no documentation of any improvement with the current medication regiment. There are no provided MRIs or any prior imaging. There is no provided history of prior evidence based treatments for the patient's back pain such as physical therapy or exercise regiments. The current medications include Fenofibrate, Glucophage, Losartan, HCTZ, Phentermine, Viibryd, Norco, Skelaxin, Glipizinde and Xanax. The utilization review is for MRI of lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, LOW BACK COMPLAINTS, 308-310

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK COMPLAINTS, 304, 309

**Decision rationale:** As per ACOEM guidelines, MRI for low back complaints should be reserved and used judiciously due to high rates of false positive findings. It is recommended only for "red-flag" changes of presentation of back pains or in cases where surgery is being considered. There are no noted "red flag" concerns with no documented signs of infection, neurological deficits or any recent trauma. The treating physician provides no documentation to state why an MRI was requested since patient's symptoms appear chronic (at least 2years and likely longer) with no change in severity or character of the pain. The lack of documentation also makes it difficult to determine if there is any change in complaint or exam since the documented exam is incomplete. The request does not meet any indication for an MRI of the lumbar spine as per ACOEM guidelines. MRI of the lumbar spine is not medically necessary.