

<b>Case Number:</b>	CM14-0000030		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 has a subspecialty in Preventive 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; multiple interventional spine procedures; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 18, 2013, the claims administrator apparently denied request for lumbar MRI imaging, noting that the applicant had had earlier CT scanning of the lumbar spine in June 2002. The applicant underwent a sacroiliac joint block on November 13, 2013. A progress note dated November 7, 2013 was notable for comments that the applicant reported persistent 8-10/10 low back pain. The applicant complained that her claims administrator had not authorized medications in a timely manner. It is stated that the applicant was using Celebrex, Lidoderm, Norco, Flexeril, Cymbalta, Zestril, Norvasc, Lopressor at that point in time. The applicant's BMI was 22. The applicant had intact gait and balance, no motor weakness, normal consciousness, normal fine motor skills with intact coordination. Norco and Lidoderm patches were apparently renewed. The applicant was asked to consider SI injection therapy. On December 2, 2013, the applicant was described as having numbness about the left knee. New lumbar MRI was ordered. It was stated that the applicant's bilateral lower extremity strength was normal on this occasion with normal lower extremity muscle tone and a normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT DYE, LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. In this case, there is no indication that the applicant is actively considering or contemplating lumbar spine surgery. The applicant's well-preserved gait and normal lower extremity strength argue against any focal neurologic compromise. There was no mention of any red flag diagnoses such as fracture, tumor, or cauda equina syndrome being evaluated here. Therefore, the request for MRI without dye, lumbar is not medically necessary and appropriate.