

<b>Case Number:</b>	CM14-0006035		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/02/1999
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar fusion surgery; unspecified amounts of physical therapy over the life of the claim; opioid therapy; and muscle relaxants. In a January 21, 2014 appeal letter, the applicant was described as having ongoing complaints of low back pain radiating to the leg despite earlier spine surgery and IDET procedure. The applicant had also reportedly completed a chronic pain program. The applicant did exhibit 5/5 lower extremity strength, it was reiterated, with intact sensorium about the lower extremities. It was stated that repeat MRI imaging would shed light on any changes in structural pathology and would also help to clarify the applicant's symptoms, it was stated.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, 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: ACOEM PRACTICE GUIDELINES, CHAPTER 12, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS SECTION, PAGE 304

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should generally be reserved for cases in which surgery is being actively considered or contemplated and/or red flag diagnosis needs to be evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating further lumbar spine surgery. There is no mention of red flag issues such as tumor, fracture, infection, or cauda equina syndrome being present here. There is no clear-cut evidence of neurologic compromise noted on the most recent office visit in question. The applicant was described as possessed of normal bilateral lower extremity function, including normal lower extremity strength and sensorium, arguing against the need for MRI imaging. It is further noted that the attending provider indicated that he intended to obtain MRI imaging simply for the purpose of evaluating structural changes on imaging studies. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies carry a significant risk of diagnostic confusion owing to a high false positive rate of 30% or greater in applicants over age 30 who do not have symptoms. Thus, MRI imaging is not indicated here, on several levels. Therefore, the request is not medically necessary.