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| <b>Case Number:</b>   | CM14-0130139 |                              |            |
| <b>Date Assigned:</b> | 08/18/2014   | <b>Date of Injury:</b>       | 08/30/2000 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2014 |

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; and unspecified amounts of acupuncture. In a utilization review report dated July 31, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator did not incorporate either cited MTUS or non-MTUS Guidelines into his rationale, however. It does not appear, however, that either the applicant's attorney or the claims administrator incorporated any clinical progress notes into the independent medical review packet, including the July 25, 2014, request for authorization (RFA) form and/or associated progress note on which the request in question was sought.

### 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 13 Knee Complaints.

**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, the imaging study should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine. There was no mention that the applicant is actively considering or pursuing lumbar spine surgery on or around the date of the request, although it is acknowledged that the July 15, 2014, progress note on which the request in question was initiated was not incorporated into the independent medical review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary