

<b>Case Number:</b>	CM14-0166973		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 November 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier lumbar discectomy - laminectomy surgery on October 24, 2013; and work restrictions. In a utilization review report dated September 24, 2014, the claims administrator denied a request for MRI imaging of the lumbar spine. The claims administrator invoked both MTUS and non-MTUS Guidelines in its denial. The claims administrator seemingly based its denial on the fact that the applicant had not had prior lumbar spine plain films. The applicant's attorney subsequently appealed. In an August 20, 2014, progress note, the applicant reported persistent complaints of low back pain rated at 6/10, with some radiation of pain to the left leg/left hip. The applicant was not working, it was acknowledged. It was stated that the applicant's symptoms were worsening. Limited range of motion was noted. Updated lumbar MRI imaging was sought to further evaluate the applicant's pain complaints. Naprosyn, Prilosec, and Tramadol were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; Table 12-8, 309.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is the test of choice for applicants who have had prior back surgery, ACOEM qualifies this recommendation by noting in Chapter 12, page 304 that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was no explicit statement or implicit expectation that the applicant would act on the results of the MRI imaging in question and/or consider surgical intervention involving the lumbar spine. Therefore, the request is not medically necessary.