

<b>Case Number:</b>	CM14-0167678		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 low back pain reportedly associated with an industrial injury of November 11, 2009. 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; earlier cervical fusion surgery; earlier cervical and lumbar epidural steroid injections; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for a lumbar MRI. The applicant's attorney subsequently appealed. In an April 20, 2013 progress note, the applicant was given prescriptions for Cymbalta, Ativan, ProSom, and Risperdal. The applicant was placed off of work, on total temporary disability, from a mental health perspective owing to ongoing depressive symptoms. In a September 15, 2014 progress note, the applicant reported worsening low back pain with radiation of pain to the bilateral lower extremities, 9/10. The applicant was using naproxen and Motrin for pain relief. Positive straight leg raising was noted. MRI imaging of the lumbar spine was sought while the applicant was given a prescription for Ultracet. The applicant was placed off of work, on total temporary disability. The applicant was asked to transfer care to another treating provider. The attending provider noted that the applicant had evidence of disk herniations at the L4-L5 and L5-S1 levels, apparently discovered on previous lumbar MRI imaging. The applicant was again placed off of work via an earlier progress note dated August 4, 2014.

### 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 12 Low Back Complaints Page(s): 287,303.

**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 diagnoses are being evaluated. In this case, there was no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. Rather, it appeared that the attending provider was simply seeking updated MRI imaging studies of the lumbar spine for academic purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request for MRI of the lumbar spine is not medically necessary.