

<b>Case Number:</b>	CM14-0186052		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 low back pain reportedly associated with an industrial injury of March 10, 2014. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for lumbar MRI imaging, citing a lack of neurologic deficits. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to primary reported complaints of knee pain secondary to knee arthritis. In an October 14, 2014 progress note, the applicant reported ongoing complaints of neck, bilateral shoulder, and low back pain with derivative complaints of sleep disturbance and insomnia. The applicant was using Vicodin for pain relief. The applicant had a history of having filed multiple previous Workers' Compensation claims, it was acknowledged, and was status post earlier lumbar spine surgery at L5-S1 in 1991. 5/5 lower extremity strength was appreciated with positive straight leg rasing appreciated on the right. Additional physical therapy and Norco were endorsed while the applicant was placed off of work, on total temporary disability. An MRI of the lumbar spine was also sought. The requesting provider was a physiatrist.

### 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): 303-305.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that lumbar MRI imaging is the test of choice for applications who have had prior back surgery, as is apparently the case here, this recommendation, however, is qualified by commentary in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. There was no mention of the applicant's willingness to act on the results of the lumbar MRI study in question and/or consider surgical intervention involving the lumbar spine. The multifocal nature of the applicant's complaints which included the neck, low back, knee, psyche, etc., would seemingly suggest that the applicant was not, in fact, actively considering any kind of specific surgical intervention involving the lumbar spine. The requesting provider, furthermore, was a physiatrist, so there was not necessarily an implicit expectation that the applicant would act on the result of the proposed lumbar MRI and consider surgical intervention involving the same. Therefore, the request is not medically necessary.