

<b>Case Number:</b>	CM14-0022947		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation, 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 September 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and functional capacity testing. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for lumbar MRI imaging, stating that the applicant had not failed conservative treatment. It was stated that the applicant was status post conservative therapy. The claims administrator did not incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. On February 2, 2014, the attending provider also set forth an appeal for a functional capacity test. In a progress note dated December 5, 2013, the applicant was described as reporting persistent knee pain. Functional capacity testing and an MRI of the lumbar spine were sought. It was stated that the applicant had residual knee pain following earlier knee surgery on July 19, 2013. On August 29, 2013, the applicant was kept off of work, on total temporary disability. Multiple notes throughout 2013 were surveyed and appeared to focus almost exclusively on the applicant's complaints of knee pain.

### 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): 308-310.

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

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging studies should be reserved for applicants in whom surgery is being contemplated and/or red flag diagnoses are being evaluated. In this case, however, there is no mention of the applicant's considering or contemplating any kind of lumbar spine surgery. There was no clearly voiced suspicion of any red flag diagnoses such as cauda equina syndrome, tumor, fracture, infection, progressive lower extremity weakness, etc. for which more urgent lumbar MRI imaging would have been indicated. As noted previously, the attending provider's documentation focused almost exclusively on the applicant's ongoing complaints and issues with knee pain. The request for an MRI of the lumbar spine is not medically necessary or appropriate.