

<b>Case Number:</b>	CM14-0034028		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 neck and low back pain reportedly associated with an industrial injury of March 25, 2009. 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; long- and short-acting opioids, muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for lumbar MRI imaging, citing non-MTUS ODG guidelines which the claims administrator mislabeled as originating from the MTUS. The claims administrator stated that the applicant's reportedly normal neurologic functions argue against the need for lumbar MRI imaging. In a February 20, 2014 progress note, the applicant was having issues with depression. It was stated that the applicant could consider individual counseling, biofeedback, and/or chronic pain/functional restoration program. The applicant was described as not working. On February 3, 2014, the applicant apparently presented with persistent low back pain, 7/10. The applicant's pain was described as radiating from the back to the neck. The applicant was on Butrans, Soma, Colace, tramadol, benazepril, and Zocor, it was stated. The applicant was diabetic, it was stated. The applicant exhibited limited lumbar range of motion and some mild weakness about right lower extremity musculature, including the knee, hip, and ankle musculature. Some dysesthesias were noted about the right upper and right lower extremity, it was stated. It was stated that the applicant was areflexic about the ankles. Lumbar MRI imaging was sought. The applicant was placed off of work, on total temporary disability. A January 15, 2014 progress note was notable for comments that the applicant reported 7/10 low back pain. It was stated that the applicant had intact sensorium about the lower extremities on this occasion with 1+ Achilles reflex noted and

right lower extremity scored a 4-5/5. The applicant was placed off of work, on total temporary disability, on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back 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, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence that the applicant carries any red flag diagnoses such as tumor, cauda equina syndrome, infection, etc. for which urgent MRI imaging would be indicated. While the applicant did exhibit some dysesthesias on one occasion, these were not reproducible on another occasion. Similarly, the applicant's diminished ankle reflexes were evident on one occasion but, again, not evident on another occasion, suggesting that these might be a function of inter-observer variability. Most importantly, however, the attending provider did not explicitly state that the applicant was considering or contemplating lumbar spine surgery. Therefore, the request is not medically necessary.