

<b>Case Number:</b>	CM14-0034363		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 September 16, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy and acupuncture over the life of the claim; multiple interventional spine procedures including facet injections and epidural injections; and a lumbar support. In a Utilization Review Report of February 22, 2014, the claims administrator denied a request for an updated MRI of the lumbar spine, stating that the applicant did not appear to be a candidate for surgery and further stating that there was no recent change in the clinical presentation which would compel repeat MRI imaging. The applicant's attorney subsequently appealed. A December 16, 2013, progress note was noted for comments that the applicant reported persistent complaints of low back pain exacerbated by walking and weightbearing. The applicant exhibited good strength about the lower extremities and was described as neurologically intact. Permanent work restrictions were renewed. It does not appear that the applicant is working with said limitations in place. In an earlier note of October 11, 2013, authorization for facet injections was sought. The applicant was once again described as exhibiting full-motor power about the bilateral lower extremities despite some evidence of hyposensorium noted about the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Images Lumbar Spine x1: 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:** 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 is a surgical candidate. There is no evidence that red-flag diagnoses such as cauda equina syndrome, fracture, tumor, and/or injection are suspected here. Therefore, the request is not medically necessary.