

<b>Case Number:</b>	CM14-0035479		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 January 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier cervical MRI imaging of October 11, 2013, notable for low-grade 2 mm disk protrusion at C6-C7 with associated moderate right-sided neuroforaminal narrowing. In a utilization review report dated March 3, 2014, the claims administrator denied a request for cervical MRI imaging. Non-MTUS ODG Guidelines were invoked, although the MTUS did address the topic. The claims administrator did note in its utilization review report that the attending provider indicated on teleconference that MRI imaging of the cervical spine was being endorsed for preoperative planning purposes as the earlier scan was reportedly of poor quality. The claims administrator's rationale was, at times, very incongruous. The claims administrator cited non-MTUS ODG guidelines on cervical MRI imaging, although the request was stated as a request for lumbar MRI imaging. The claims administrator contented that the ambiguity arose as a result of the attending provider's on documentation. The applicant's attorney subsequently appealed. A February 5, 2014 progress note is notable for comments that the applicant has reported persistent complaints of neck and low back pain. The note was handwritten and difficult to follow. The applicant was described as also having an ancillary complaint of low back pain. MRI imaging of the lumbar spine was sought. Ultram was endorsed, for pain relief. The applicant was placed off of work, on total temporary disability. In a March 27, 2014 appeal letter, the primary treating provider stated that he would reevaluate the applicant shortly and make a more compelling case for lumbar MRI imaging.

## **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:** The Claims Administrator did not cite any medical evidence for its decision.

**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 reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the documentation on file is sparse, handwritten, difficult to follow, not entirely legible, and seemingly mingles complaints of neck pain with complaints of low back pain. There was no evidence that the applicant is actively considering or contemplating lumbar spine surgery. The bulk of the progress notes on file allude to ongoing complaints of neck pain as opposed to low back pain. For all the stated reasons, the request of MRI of the Lumbar Spine is not medically necessary and appropriate.