

<b>Case Number:</b>	CM14-0085270		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 29, 2011. 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; and unspecified amounts of physical therapy over the life of the claim. The claims administrator invoked and gave precedence to non-MTUS ODG Guidelines in its rationale, it is incidentally noted. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the applicant reported persistent 8/10 low back pain radiating into left leg. The applicant was described as having tried and failed physical therapy, muscle relaxants, NSAIDs, TENS unit, and epidural steroid injection therapy. A lumbar orthosis was ordered while the applicant was placed off of work. It was stated that the applicant was not a candidate for surgery and had consulted a neurosurgeon who had informed the applicant several years prior that she was not a candidate for any kind of surgical intervention on September 23, 2013. The attending provider stated that the applicant needed possible surgical intervention of the L5-S1 and/or L4-L5 levels. The attending provider suggested that the applicant obtain a neurosurgical evaluation from a different provider. The applicant was described as having primary complaints of leg pain as well as low back pain. The attending provider stated that the applicant's presentations were consistent with an L5-S1 radiculopathy. On May 5, 2014, the attending provider again stated that the applicant needed neurosurgical intervention at the L5-S1 and/or L4-L5 levels. The attending provider again reiterated that the applicant was functionally disabled and handicapped and needed a new MRI, new neurosurgical consultation, and lumbosacral orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lower back:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter.

**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 or red flag diagnoses are being evaluated. In this case, the applicant's primary treating provider has, in fact, suggested that the applicant is considering surgical remedy at the L5-S1 and L4-L5 levels. Consultation with a second neurosurgeon has apparently been ordered to try and facilitate a possible surgical remedy. The applicant does have ongoing complaints of low back and leg pain which have proven recalcitrant to conservative treatment, it appears. If the applicant is, indeed, intent on obtaining a surgical remedy, then lumbar MRI imaging for preoperative planning purposes is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

**Lumbosacral orthosis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief, following an industrial injury of June 29, 2011. Usage of a lumbar orthosis/lumbar support should play little or no role at this late stage in the claim, per ACOEM. Therefore, the request is not medically necessary.