

<b>Case Number:</b>	CM13-0056389		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 11, 2011. In a Utilization Review Report dated November 6, 2013, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an October 29, 2013 progress note in its determination. The claims administrator stated that the applicant had undergone earlier spine surgery on September 6, 2013. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, it is incidentally noted, does not, however, include the October 29, 2013 progress note referenced by the claims administrator in its determination. Earlier electrodiagnostic testing of March 7, 2013 was notable for a possible L5-S1 radiculopathy.

### 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:** No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The October 29, 2013 progress note referenced by the claims administrator in its determination, however, was not incorporated into the independent medical review packet. No rationale for the lumbar MRI imaging at issue was furnished. The claims administrator's description of the October 29, 2014 progress note was sparse and is not sufficient to support the request. As noted previously, the October 29, 2013 progress note referenced by the claims administrator was not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.