

<b>Case Number:</b>	CM14-0197823		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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:

39 years old male claimant sustained a work injury on 5/19/06 involving the low back. An MRI of the lumbar spine on 10/19/12 showed degenerative disc disease of L4-S1, canal stenosis of L3-L5 and neural foraminal narrowing of L4-S1. She had received epidural steroid injections and undergone home exercises. She had undergone microdecompressive surgery of L4-S1 and used opioids for pain relief. He had completed 24 sessions of chiropractor therapy. A progress note on 11/11/14 indicated the claimant had leg weakness and back pain (7/10). He had been going to a pain specialist for medication management. Exam findings were notable for reduced range of motion and decreased sensation of L5-S1 dermatomes. A prior EMG showed lumbar plexopathy in the Peroneal region. The physician requested an MRI of the lumbar spine and "ongoing" follow-ups with pain management.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had a prior MRI. Clinical findings are consistent with prior history and EMG. There are no red flag findings and no plan for surgery. The MRI of the lumbar spine is not medically necessary.

**Unknown Ongoing Pain Management Follow-Ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow-up visits

**Decision rationale:** According to the guidelines, follow-ups can be performed as medically necessary. In this case, the pain and disease process are not complication or uncertain such that an indefinite and unknown amount of visits are needed with a pain specialist. As a result, the request for an unknown amount of pain management visits is not medically necessary.