

<b>Case Number:</b>	CM14-0205651		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 neck, low back, shoulder, and knee pain reportedly associated with an industrial injury of December 14, 2007. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator did seemingly acknowledge that the applicant had undergone an earlier lumbar microdiscectomy surgery. A September 22, 2014 progress note was cited. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant reported persistent complaints of low back and shoulder pain. The applicant was using Prilosec and Neurontin. Both acupuncture and physical therapy had been unsuccessful. Highly variable 4-7/10 pain was noted. The applicant did have history of prior lumbar discectomy surgery in 2011. The applicant's exhibited 5/5 lower extremity strength with symmetric lower extremity reflexes. A spine specialist, rheumatology consultation, and MRI studies of the lumbar spine, bilateral shoulders, and right knee were all endorsed, along with physical therapy. The applicant was placed off of work, on total temporary disability, for an additional 45 days. On September 22, 2014, lumbar MRI imaging and MRI imaging of the bilateral shoulders were endorsed while the applicant was placed off of work, on total temporary disability. A rheumatology consultation for alleged fibromyalgia was also sought. The applicant had undergone four previous shoulder corticosteroid injections, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** 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, however, is 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, there was no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that multiple MRI studies were concurrently sought, including MRI of the lumbar spine, bilateral shoulders, right knee, etc., significantly diminish the likelihood of the applicant's acting on the result of any one study and/or consider a surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.