

<b>Case Number:</b>	CM15-0005015		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/30/2004
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old man sustained an industrial injury on 8/30/2004 to his back after falling four feet. Treatment has included oral medications. An x-ray of the lumbar spine in June 2004 showed L4-L5 spondylolisthesis. Physician notes dated 12/12/2014 show complaints of low back pain. The worker states the pain radiates to the right shoulder and waist and down to the feet and is rated 6/10. Orders include lumbar MRI with contrast, pain specialist referral, and follow up in one month. Recommendations include continuing the current medication regimen. On 12/22/2014, Utilization Review evaluated a prescription for MRI of the lumbar spine with contrast that was submitted on 1/7/2015. The UR physician noted the subjective and objective findings are not consistent with lumbar neurologic dysfunction. Further, recent complaints do not involve the lumbar spine. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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 equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery and the injury was over 10 yrs ago. In addition, it was noted that the neurological exam was not consistent with subjective complaints. Prior x-rays were unremarkable. The request for an MRI of the lumbar spine is not medically necessary.

**One follow up visit:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation office visits

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant had persistent back pain. He was being referred to a pain specialist. Coordination of care and controlled substances do need periodic follow-up at least monthly which is what was requested. The office visit is medically necessary.