

<b>Case Number:</b>	CM15-0107354		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: 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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 27, 2003. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for lumbar MRI imaging with Gadolinium contrast. The claims administrator referenced an RFA form received on May 14, 2015 in its determination, along with an associated progress note of April 16, 2015. The applicant's attorney subsequently appealed. On said April 16, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg. Ancillary complaints of upper back pain were reported. The applicant was on Soma, Norco, tramadol, Klonopin, and Zorvolex, it was reported. The applicant's BMI was 27. The applicant exhibited positive left-sided straight leg raising and weakness about the quadriceps musculature. Decreased lumbar spine range of motion was noted. The applicant's last lumbar MRI imaging was in 2011, it was reported. Multiple medications were refilled. It was stated that the applicant had retired. It was stated that the applicant had a known disk herniation, which had been treated conservatively. In a July 23, 2015 progress note, the applicant reported ongoing complaints of low back pain, at times severe. It was again stated that the applicant had a large disk herniation treated nonoperatively. The applicant was on tramadol for pain relief. Positive left-sided straight leg raising was appreciated with symmetrically diminished Achilles reflexes compared to patellar reflexes. A new lumbar MRI imaging and Nucynta were endorsed. It was stated how (or if) the lumbar MRI would influence or alter the treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MRI lumbar spine with gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297; 304.

**Decision rationale:** No, the proposed lumbar MRI with Gadolinium contrast was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 does acknowledge that MRI imaging with Gadolinium contrast positive for scarring can establish a diagnosis of postlaminectomy syndrome, here, however, there was no mention of the applicant's having undergone earlier lumbar laminectomy surgery. Rather, numerous progress notes of mid-2015, including progress notes of April 16, 2015, May 21, 2015, and July 23, 2015 all stated that the applicant's previous disk herniation had been treated conservatively or nonoperatively. It was not stated, in short, why MRI imaging with Gadolinium contrast was sought, given the fact that the applicant had reportedly not had earlier spine surgery. The MTUS Guideline in ACOEM Chapter 12, page 304 further notes 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 willingness to consider or contemplate any kind of surgical remedy or surgical intervention involving the lumbar spine based on the outcome of the study in question on multiple office visits of mid-2015, including a July 23, 2015 progress note. Rather, it appeared that the attending provider was ordering MRI imaging on the grounds that the applicant had not had MRI testing since 2011. There was not, in short, either an explicit statement (or an implicit expectation) that the applicant would consider surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.