

<b>Case Number:</b>	CM15-0018919		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2012. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. An RFA form and associated progress note of January 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported persistent complaints of low back pain radiating to left leg, 6/10. The attending provider suggested that the applicant pursue a lumbar MRI owing to worsening pain complaints and/or radiculopathy. Norco and naproxen were renewed. The applicant was given various diagnoses, including lumbar radiculitis versus myofascial pain syndrome. The applicant's work status was not clearly stated, although the applicant did not appear to be working.

### 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Procedure Summary.

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

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the attending provider's December 3, 2014 progress note contained no references that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study. The requesting provider was not a spine surgeon, further reducing the likelihood that the applicant is acting on the results of the study and/or considers surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.