

<b>Case Number:</b>	CM15-0139349		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 14, 2010. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a May 15, 2015 RFA form and an associated progress note of June 15, 2015 in its determination. On October 24, 2014, it was acknowledged that the applicant was not working. On a progress note dated June 15, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant reported "no significant changes" it was stated. Good range of motion and full strength was noted on neurologic and musculoskeletal testing, the treating provider reported. Repeat lumbar MRI imaging was endorsed on the grounds that the applicant's last lumbar MRI was in 2012. It was acknowledged that the applicant was not currently working. The attending provider did state, toward the bottom of the report, that new MRI imaging was noted on the grounds that the applicant had had persistent low back pain complaints, associated with lower extremity radiculopathy, had not had any recent MRI studies, and was considering both a pain management referral and a surgical evaluation for his ongoing lumbar radicular pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

**Decision rationale:** Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and 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 did state on June 15, 2015 that the applicant was considering a surgical evaluation, pending the results of the lumbar MRI imaging in question. The attending provider stated that the applicant had not had MRI imaging since 2012. The attending provider stated that the earlier MRI imaging was too dated for preoperative planning purposes. The attending provider suggested that the applicant's persistent radicular complaints did warrant a surgical evaluation. Moving forward with the lumbar MRI in question, thus, was indicated for reported preoperative evaluation purposes. Therefore, the request was medically necessary.