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| <b>Case Number:</b>   | CM15-0139578 |                              |            |
| <b>Date Assigned:</b> | 07/29/2015   | <b>Date of Injury:</b>       | 08/04/2004 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 06/29/2015 |
| <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 67-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of August 4, 2004. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an RFA form of June 23, 2015 and an associated office visit of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 17, 2015 progress note, the applicant reported ongoing complaints of low back and left shoulder pain. The applicant had had earlier left shoulder surgery, it was reported. The applicant was no longer working and had reportedly retired in 2013, it was stated. Some radiation of low back pain to the right lower extremity was reported. The applicant exhibited normal lower extremity motor and sensory functions with symmetrically diminishing reflexes. The applicant was given diagnoses of sciatica and spondylolisthesis at L4-L5 based on earlier plain films of the lumbar spine. MRI imaging of the lumbar spine and MRI imaging of the shoulder were sought. The attending provider did not state how (or if) the proposed studies would influence or alter the treatment plan. In an earlier note dated February 12, 2015, the applicant consulted a prior spine surgeon. The applicant reported complaints of 80% axial and 20% leg pain. The applicant had C2 epidural steroid injection and physical therapy with limited relief, it was reported. The applicant's BMI was 47, it was reported. The attending provider stated that the applicant could potentially be a candidate for an L3-S1 lumbar spine surgery if unable to lose weight. The treating provider stated that the applicant's obesity could potentially increase the likelihood of an unfavorable outcome. The applicant's pain complaints were described as multifactorial and a function of spinal stenosis, degenerative

disk disease, myofascial etiology, and obesity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** No, the proposed lumbar MRI 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, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the study. The fact that the attending provider ordered two separate MRI studies on June 17, 2015 significantly diminished the likelihood of the applicant's acting on the results of either study and/or go on to consider surgical intervention based on the outcome of the same. The applicant had had prior lumbar MRI imaging of January 2015 which did establish diagnoses of multilevel degenerative disk disease, spondylolisthesis at L4-L5, and moderate stenosis at the L4-L5 level. The request, thus, is difficult to support so soon removed from the date of earlier lumbar MRI imaging of January 2015, particularly in light of the fact that the requesting provider made no mention of whether the applicant would act on the results of this particular study and consider surgery based on the outcome of the same. Therefore, the request was not medically necessary.