

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0160739 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 01/16/2013 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2013. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for MRI imaging of the lumbar spine. A progress note and an associated RFA form of July 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said July 7, 2015 progress note, the applicant was placed off of work, on total temporary disability, for six weeks. Overall commentary was sparse. In a handwritten note dated June 18, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the left leg, 7/10. MRI imaging, Zantac, and Motrin were endorsed. The requesting provider was a pain management physician, it was stated. It was not stated, how (or if) the proposed 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:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

**Decision rationale:** No, the request for MRI imaging of the lumbar spine 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, progress note of July 7, 2015 and June 18, 2015 were difficult to follow, thinly developed, sparse, handwritten, not altogether entirely legible, and made no mention of the applicant's willingness to contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. Little to no narrative rationale or narrative commentary accompanied the request for authorization. The requesting provider was a pain management physician (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.