

<b>Case Number:</b>	CM15-0182302		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 18, 2014. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for lumbar MRI imaging. Non-MTUS ODG Guidelines were invoked, despite the fact the MTUS addressed the topic. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the right leg, exacerbated by standing and walking. The applicant reported difficulty with employment, social life, and moderate-to-severe pain complaints overall. The applicant was on Motrin for pain relief. Positive right-sided straight leg raising was noted with 4 to 5/5 bilateral lower extremity motor function evident. The applicant was placed off of work, on total temporary disability. The attending provider stated that he needed to perform lumbar MRI imaging and flexion and extension views of the lumbar spine to rule to instability. The treating provider stated the applicant had significant degenerative disk disease and spinal stenosis noted at the L4-L5 and L5-S1 levels established at the prior lumbar MRI imaging. The treating provider stated that the applicant was likely a candidate for a multilevel lumbar spine surgery based on the outcome of the study. The requesting provider was an orthopedic spine surgeon, it was reported.

### 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 without contrast as outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI updated 7/17/2015.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Yes, the proposed MRI of the lumbar spine without contrast was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines 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 requesting provider, an orthopedic spine surgeon, reported on August 12, 2015 that he was, in fact, intent on pursuing a surgical remedy in the form of an L4-S1 fusion procedure for issues with degenerative disk disease and spinal stenosis at the levels in question. The requesting provider also contended that earlier imaging studies were too dated for preoperative planning purposes. Moving forward with the proposed lumbar MRI imaging as precursor to planned spine surgery was, thus, indicated. Therefore, the request was medically necessary.