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| <b>Case Number:</b>   | CM15-0191982 |                              |            |
| <b>Date Assigned:</b> | 10/06/2015   | <b>Date of Injury:</b>       | 11/22/2012 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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 (LBP) reportedly associated with an industrial injury of November 22, 2012. In a Utilization Review report dated September 4, 2014, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced an August 31, 2015 RFA form and an associated office visit dated August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to the lateral gluteal and thigh musculature. The applicant also alleged issues with a thigh mass. The applicant's medications included albuterol, baclofen, Flector, hydrochlorothiazide, losartan, Relafen, Skelaxin, and Voltaren gel, it was reported. The applicant was off work and had been deemed "disabled," it was stated in the Social History section of the note. Multiple medications were renewed. Lumbar MRI imaging and MRI imaging of the hip were endorsed. The MRI imaging of the hip was being sought for the purposes for evaluating the hip, soft tissues, and suspected lateral thigh mass. It was not stated for what issue or purpose the lumbar MRI had been ordered, however. On August 14, 2015, the applicant reported ongoing issues with chronic low back pain, depression, and fibromyalgia. Ongoing complaints of low back pain with radiation of pain to the left leg were reported. The applicant had derivative complaints of depression and anxiety, it was reported. Once again, the applicant was deemed "disabled," it was stated in the Social History section of the note. The applicant exhibited a normal gait. A tender, raised mass about the greater trochanter was appreciated, seemingly immobile. Hyposensorium was noted about the left L5 dermatome. The

attending provider stated that he was intent on ordering lumbar MRI imaging to evaluate the applicant's continued complaints of low back pain with associated lower extremity paresthesias, while hip and thigh MRI imaging had been ordered to evaluate the left thigh mass. Somewhat incongruously, the attending provider stated in another section of the note that the applicant was working on a part-time basis. It was not stated how the proposed lumbar MRI would influence or alter the treatment plan. A claims administrator's UR referral form dated September 1, 2015 was notable for commentary that the requesting provider was, in fact, a pain management physician. The claims administrator's UR referral form contended that the applicant was in fact off work.

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

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

**MRI LS Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**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, 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 outcome of the study in question on the August 14, 2015 office visit at issue or on the preceding note dated July 2, 2015. The requesting provider, a pain management physician, made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study to the effect that the requesting provider was a pain management physician (as opposed to a spine surgeon or neurosurgeon) reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Unlike the alleged soft tissue mass of the thigh, there was no mention of the applicant's having any-flag diagnosis or suspected red-flag diagnosis involving the lumbar spine. Therefore, the request was not medically necessary.