

<b>Case Number:</b>	CM15-0192785		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/25/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 25, 2007. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A July 26, 2015 office visit was referenced in the determination. The claims administrator acknowledged that the applicant had had prior lumbar spine surgery. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant was returned to regular duty work. The applicant reported ongoing complaints of low back pain with associated lower extremity paresthesias status post earlier two-level lumbar spine surgery in 2009. The applicant was using Norco at a rate of four times daily. On July 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant exhibited a normal gait. A well-preserved, 5/5 lower extremity motor function was noted. The applicant was asked to employ Hysingla, Norco, and Tylenol while returning to regular work. The applicant was asked to obtain lumbar MRI imaging. The requesting provider was a pain management physician. There was no mention of how the proposed lumbar MRI would influence or alter the treatment plan on this date. On March 10, 2015, the applicant consulted an orthopedist, who noted that the applicant had undergone an earlier lumbar spine surgery in 2007 followed by hardware removal in 2008. The applicant was described as having persistent right-sided sciatic complaints. The attending provider contended that he was unable to determine the etiology of the applicant's ongoing pain complaints. On April 2, 2015, the attending provider stated that lumbar MRI imaging was needed to facilitate his formulating a definitive course of treatment.

## **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:** Overturned

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

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

**Decision rationale:** Yes, the proposed MRI of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 12-8, page 309, MRI imaging is recommended as a test of choice for applicants who have had prior back surgery, as seemingly transpired here, in 2007. The request in question was initiated by an orthopedist spine surgeon, who suggested (but did not clearly state) that he was intent on acting on the results of the study in question and could potentially consider further surgical intervention based on the outcome of the same. Moving forward with the lumbar MRI study in question was indicated, given the applicant's persistent and, at times, heightened lower extremity radicular pain complaints. Therefore, the request was medically necessary.