

<b>Case Number:</b>	CM15-0196839		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 January 10, 2012. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve request for lumbar MRI imaging. A September 2, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant had undergone earlier lumbar laminectomy surgery in 2012, it was reported. The applicant's medications included Norco and Tramadol, it was acknowledged. The applicant was diabetic, it was reported. Electrodiagnostic testing of bilateral lower extremities and lumbar MRI imaging were both sought. The applicant did report complaints of right lower extremity paresthasias. The applicant was still working despite ongoing pain complaints, it was reported. The applicant was using Norco, Soma, and Tramadol, it was stated in another section of the note. The applicant did exhibit positive straight leg raising with hypoactive right ankle reflexes. Lumbar MRI imaging with and without contrast was sought. The requesting provider was a neurosurgeon, it was reported. On an associated RFA form dated September 2, 2015, the applicant was asked to follow up with his neurosurgeon following completion of the MRI study.

### 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 with and without contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

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

**Decision rationale:** Yes, the request for lumbar MRI imaging of the lumbar spine with and without contrast was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior back surgery, as seemingly transpired here. The MTUS Guideline in ACOEM Chapter 12, Table 12-4, page 297 also notes that MRI imaging with gadolinium contrast positive scarring can help establish a diagnosis of postlaminectomy syndrome, as was seemingly suspected on or around the date in question, September 2, 2015. The fact that the requesting provider was a neurosurgeon, coupled with the fact that the applicant reported heightened radicular symptomatology on that date, taken together, strongly suggested that the applicant was in fact intent on acting on the results of the study in question and potentially consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.