

<b>Case Number:</b>	CM15-0209851		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 10-28-2014. The injured worker was diagnosed as having status post left total knee arthroplasty and lumbar spine strain with radicular pain. Treatment to date has included left knee surgery 12-2014. On 10-06-2015, the injured worker complains of back pain, most significantly from the left side around the paraspinal muscles, radiating down the left buttock and leg, with numbness and tingling to the left anterolateral thigh. The treating provider documented that he "has not had any XR, MRI, injections, PT to back." Physical findings noted an obese gentleman with minimal lumbar lordosis, tenderness to palpation over the left paraspinal muscles, strength 5 of 5, and "no changes" in sensation along L3-S1. The treatment plan included magnetic resonance imaging of the lumbar spine and follow-up with a spine specialist. His work status was total temporary disability for his left knee. On 10-20-2015 Utilization Review non-certified a request for magnetic resonance imaging of the lumbar spine without contrast and referral to a spinal surgeon.

### 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:** Upheld

**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): Special Studies.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there are no x-rays available for review. There is no evidence of nerve impairment, tissue insult, or other red flags that would warrant the use of MRI. The request for MRI lumbar spine without contrast is determined to not be medically necessary.

**Spine Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examination and Consultation.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker is diagnosed with chronic low back pain without evidence of radiculopathy. There is no documented evidence or rationale to justify a referral to a spine surgeon. The request for spine surgeon is determined to not be medically necessary.