

<b>Case Number:</b>	CM15-0021040		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/01/2003
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Ohio, 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 reportedly associated with an industrial injury of August 1, 2003. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a December 18, 2014 progress note in its determination. Both MTUS and non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported persistent complaints of low back pain, 6/10, with radiation of pain to the left lower extremity, exacerbated by sitting, standing, and walking. The applicant had reportedly had lumbar MRI imaging on February 2, 2015 notable for multilevel disk degeneration and incidentally noted abdominal aortic aneurysm (AAA). Naproxen, Flexeril, Prilosec, and Neurontin were endorsed while the applicant was placed off of work. The applicant had retired from his former employment, it was acknowledged. On January 26, 2015, the applicant was asked to pursue lumbar MRI imaging owing to ongoing complaints of low back pain radiating into the left leg, 5/10. The applicant was again asked to remain off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** 1. No, the seemingly already-performed lumbar MRI 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, however, the applicant apparently had the lumbar MRI which is the subject of dispute. Multilevel degenerative disk disease was noted, age-related. The applicant did not act on the results of the proposed lumbar MRI. The applicant did not consider any kind of surgical intervention or surgical consultation based on the outcome of the same. The lumbar MRI did not influence the treatment plan. There was neither an explicit statement (nor an implicit expectation) that the treating provider and/or applicant would act on the result of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.