

<b>Case Number:</b>	CM15-0025674		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 62-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2012. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. A progress note of December 16, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form of December 20, 2014, eight sessions of acupuncture and lumbar MRI imaging were endorsed. 3-6/10 low back pain complaints were noted. The applicant was asked to continue Celebrex and Prilosec. The applicant had last had acupuncture in February 2013, it was stated. The attending provider stated that new MRI imaging was needed to determine the presence or absence of a worsening disk injury versus a new level disk injury. 90% of the applicant's pain was axial. Only 10% of the applicant's pain was radicular in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** 1. No, the request for lumbar MRI imaging 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, there was/is no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the proposed study. The attending provider did not clearly state how (or if) the proposed lumbar MRI would or would not influence the treatment plan. It appeared that the attending provider was intent on obtaining lumbar MRI imaging for academic or evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.