

<b>Case Number:</b>	CM15-0025726		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<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 53-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; revision spine surgery; opioid therapy; transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 5, 2015, the claims administrator denied lumbar MRI imaging. The applicant's attorney subsequently appealed. On October 3, 2014, the applicant reported persistent complaints of low back pain radiating into the legs. The applicant was working part-time, it was stated. X-rays done in the office setting demonstrated degenerative changes of lumbar spine at L4-L5 and L5-S1. The applicant did have persistent lower extremity numbness. The attending provider suggested pursuit of repeat lumbar MRI imaging to determine the applicant's need for further lumbar spine surgery. The requesting provider was an orthopedic spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine with and without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm); ACOEM Practice Guidelines , 2007 Low Back Chapter Revision (pages 52-59)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Yes, the proposed lumbar MRI was/is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, lumbar MRI imaging is recommended as the test of choice for applicants who have had prior back surgery. Here, the applicant has in fact had prior back surgery. The requesting provider was an orthopedic spine surgeon, increasing the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering further surgical intervention based on the outcome of the same. The applicant does have persistent complaints of lower extremity numbness. The applicant was considering further spine surgery. Moving forward with the proposed repeat lumbar MRI imaging to determine the applicant's suitability for further surgical intervention, thus, was indicated. Therefore, the request was/is medically necessary.