

<b>Case Number:</b>	CM15-0029026		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 58-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 19, 2012. 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 progress note and an associated RFA form of January 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 17, 2014, the applicant was apparently not working as a janitor, it was stated. The applicant was asked to continue Desyrel, Flexeril, and Menthoderm lotion. A work hardening program was proposed. On December 19, 2014, the applicant reported persistent complaints of low back and hip pain, 3-5/10. The applicant had apparently been involved in a recent motor vehicle accident (MVA), it was acknowledged. Work restrictions, Flexeril, and Menthoderm were endorsed. On January 30, 2015, the applicant reported persistent complaints of low back pain. It was noted that the applicant had failed a functional restoration program, physical therapy, and manipulative therapy. The applicant reportedly had residual radicular pain complaints and positive right-sided straight leg raising. The attending provider stated that he did not believe that the applicant was a surgical candidate at this time. The requesting provider was a physiatrist, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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:** 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, the requesting provider, a physiatrist, acknowledged that the applicant was not, in fact, actively considering any kind of surgical intervention involving the lumbar spine in his January 30, 2015 appeal letter. The requesting provider, as noted previously, was a physiatrist as opposed to a spine surgeon, reducing the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.