

<b>Case Number:</b>	CM15-0034894		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/15/1979
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained a work related injury on 10/15/79. The diagnoses have included lumbar postlaminectomy syndrome, lumbar strain/sprain, lumbosacral neuritis and depression. Treatments to date have included pool therapy without much benefit, psychological therapy, lumbar spine x-rays, lumbar spine surgery x 3, physical therapy and home exercise program. In the PR-2 dated 1/16/15, the injured worker complains of ongoing back pain at lumbosacral junction and radicular pain without improvement. On 1/29/15, Utilization Review non-certified a request for a MRI of lumbar spine without contrast. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of Lumbar spine (without contrast): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Section 2 Page(s): 101, 106-107.

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical records describe radicular symptoms consistent with previous MRI findings without any clear indication that these symptoms have progressed since the last MRI. The records indicate that while surgery might be a technical option, the surgeon didn't have high expectation of success. As a result, the surgeon recommended assessment by pain management for consideration of a spinal cord stimulator. Pain management notes indicate a need for MRI to assess technical issues related to placement but also indicate that psychological assessment for appropriateness of trial of spinal cord stimulator is still pending. Based on the submitted records, there is no immediate plan for surgery for which MRI would be indicated and there is not yet an indication for trial of spinal cord stimulator so MRI of LS spine is not medically necessary at this time.