

<b>Case Number:</b>	CM15-0087618		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2014. On April 22, 2015, the claims administrator denied a request for lumbar MRI imaging. An RFA form received on April 16, 2015 was referenced in the determination, as was a progress note dated March 18, 2015. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported ongoing complaints of low back pain with intermittent radiation of pain to the left leg, 7/10. Derivative complaints of depression, anxiety, and insomnia were reported. The applicant was off of work, on total temporary disability, it was acknowledged, and had not worked since August 25, 2014, it was reported. The applicant did have comorbid issues with diabetes, tuberculosis, and anemia, it was further noted. The attending provider stated that plain films of the lumbar spine demonstrated degenerative changes at L4-L5. 5/5 bilateral lower extremity strength and symmetric 2+ ankle reflexes were noted. The attending provider seemingly stated that he needed to obtain the results of previously performed lumbar MRI imaging. An April 16, 2015 RFA form also suggested that the attending provider wished to obtain the results of and/or film of previously ordered lumbar MRI imaging.

### 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 Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back- Lumbar and Thoracic.

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

**Decision rationale:** 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 neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. A March 18, 2015 progress note at issue made no mention of surgery being considered or contemplated here. It is further noted that the attending provider's documentation seemingly suggested that he was intent on obtaining the results of previously ordered lumbar MRI imaging as opposed to obtaining de novo MRI imaging here. Therefore, the request was not medically necessary.