

<b>Case Number:</b>	CM15-0230640		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	09/05/2003
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 43 year old male who sustained an industrial injury on 9-5-2003. A review of medical records indicates the injured worker is being treated for thoracic-lumbosacral neuritis unspecified, other chronic pain, radiculopathy lumbar region, and radiculopathy lumbosacral region. Medical records dated 11-3-2015 noted back issues. Physical examination noted localized tenderness to palpation of the back. Treatment has included lumbar epidural steroid injection, chiropractic therapy, heat, home exercise, ice, massage, and physical therapy. Medications included NSAIDS, Valtrex, flexeril, hydrocodone, hydrocodone, and Tylenol since at least 11-3-2015. Utilization review form dated 11-6-2015 non-certified MRI for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine x1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic) last updated 9/22/15 MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical provided indicate this patient has had a previous MRI in 2004. The treating physician indicates this patient has worsening symptoms, radioculopathy and weakness of the bilateral lower extremities. As such, the request for MRI of the lumbar spine x1 is medically necessary.