

<b>Case Number:</b>	CM13-0005395		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic mid back, low back, neck, and chest wall pain reportedly associated with an industrial injury of January 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 10, 2013, the claims administrator denied a request for lumbar MRI imaging, citing the mis-numbered Chapter 12 ACOEM Guidelines in page 701. The claims administrator stated that there is no evidence that the applicant had failed conservative treatment before the MRI study in question was considered, although the applicant was some 15 to 16 months removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 22, 2013, difficult to follow, not entirely legible, the applicant apparently presented with issues related to weight gain and hypertension. The applicant was given a refill of Cozaar and was apparently awaiting a sleep study. The applicant's work status was not clearly outlined. In another handwritten note of August 28, 2013, again somewhat difficult to follow, the applicant was given a prescription for Bystolic for hypertension and asked to pursue a sleep study. On July 19, 2013, the applicant presented with multifocal neck, bilateral shoulder, and low back pain, aggravated by various activities including standing and walking. Work restrictions were endorsed. It was not clearly stated whether the applicant was working. In a medical-legal evaluation of June 28, 2013, it was acknowledged that the applicant last worked on the date of injury, September 13, 2012. The applicant was described as remaining unemployed. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities of November 12, 2012 was interpreted as normal, the medical-legal evaluator noted. It was stated that the

applicant retained well-preserved, 5/5 bilateral upper and bilateral lower extremity strength, including about the hips, knees, and ankle flexor muscles.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence that the applicant would act on the results of the lumbar MRI in question and/or consider a surgical remedy were it offered to him. There is no evidence that the applicant has any focal lower extremity neurologic compromise about either lower extremity which would suggest that the applicant might be a candidate for any kind of surgical intervention insofar as the lumbar spine is concerned. Therefore, the request is not medically necessary.