

<b>Case Number:</b>	CM14-0133310		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/27/1997
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 75-year-old male who reported injury on 04/27/1997, due to repetitive movement. The injured worker had a history of lower back pain, with diagnoses of thoracic/lumbar sacral neuritis, unspecified; sacrum disorders, lumbar spinal stenosis, degenerative lumbar intervertebral disc degeneration, and post laminectomy syndrome to the lumbar region. The diagnostics included the electromyogram/nerve velocity conductive study. The medications included Soma, Ambien, Ibuprofen, Percocet. The objective findings dated 08/19/2014 of the lumbar spine revealed inspection and palpation within normal limits, no swelling, deformity, tenderness was noted at S1 fusion site. The treatment plan included Magnetic Resonance Imaging (MRI) without contrast, CT scan. The request for authorization dated 08/04/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for the magnetic resonance imaging (MRI) without contrast is not medically necessary. The California MTUS/ACOEM indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue. The clinical notes indicate that the injured worker had an MRI of the lumbar spine dated 2010. The physical therapy gave the injured worker good results and was able to discontinue the H-wave unit. The physical examination was vague. The clinical notes stated that the injured worker had strained his back, however; no other new trauma was evident in the clinical notes. As such, the request is not medically necessary.

**MRI with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for the magnetic resonance imaging (MRI) with contrast is not medically necessary. The California MTUS/ACOEM indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging (MRI) for neural or other soft tissue. The clinical notes indicate that the injured worker had an MRI of the lumbar spine dated 2010. The physical therapy gave the injured worker good results and was able to discontinue the H-wave unit. The clinical notes stated that the injured worker had strained his back; however, no other new trauma was evident in the clinical notes. As such, the request is not medically necessary.

**CT Scan w/ thin cuts w/ sagittal and coronal reconstruction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for CT with thin cuts with sagittal and coronal reconstruction is not medically necessary. Per the California MTUS/ACOEM guidelines if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). The physical therapy gave the injured worker good results and was able to discontinue the H-wave unit. The clinical notes stated that the injured worker had strained his back; however, no other new trauma was evident in the clinical notes. As such, the request is not medically necessary.