

<b>Case Number:</b>	CM14-0172082		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 low back pain reportedly associated with industrial injury of January 7, 2009. Thus far, the applicant has been treated with following: Analgesic medications; 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 October 10, 2014, the claims administrator denied a request for lumbar MRI. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported 6/10 low back pain. The applicant stated that he developed depressive symptoms. The applicant was using Norco, Methoderm, Naprosyn, Protonix and Tramadol. The applicant was asked to continue medications, ice, heat, and exercise. Electrodiagnostic testing of the right lower extremity was sought, along with eight additional sessions of physical therapy. The applicant was described as working on a part-time basis, without restrictions. In a September 4, 2014 progress note, the applicant reported ongoing complaints of low back pain, 2 to 9/10. The applicant reported issues with depression and reduced energy. The applicant denied any neurologic symptoms or neurologic deficits in the review of the systems section of the note. The applicant exhibited 5/5 lower extremity strength with diminished sensorium noted about the left leg. Negative straight leg rising was noted. The applicant exhibited normal gait. Norco was endorsed. Electrodiagnostic testing of the bilateral lower extremities was sought to determine the source of the applicant's radiculopathy. It was again stated that applicant was working part time. In an earlier progress note of July 10, 2014, and August 7, 2014, the attending provider appealed previously denied lumbar MRI. In a May 27, 2014 progress note, the applicant reported ongoing complaints of low back pain, hip pain, and right thigh pain. It was stated that the applicant's pain had sometimes prevented him from doing shopping, yard work, and participating in physical

activities. The applicant was using Norco and tramadol for pain relief. The applicant was given various diagnoses, including chronic low back pain and compression fracture at L1. Lumbar MRI imaging was endorsed. It was stated that the applicant could obtain epidural steroid injection therapy. The attending provider suggested that the applicant obtain a copy of a previously ordered CT scan. It was stated, somewhat incongruously, that the applicant was working part-time as security guard in one section of the note while another section note stated that the applicant was receiving social Security Disability Insurance (SSDI).

### **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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic

**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, the attending provider has stated that the applicant may have compression fracture at L1 versus a lumbar radicular process. The attending provider has suggested that that the lumbar MRI imaging in question would influence the treatment plan and potentially lead to the applicant's considering epidural steroid injection or other invasive remedies. Obtaining precursor MRI imaging is therefore indicated. Accordingly, the request is medically necessary.