

<b>Case Number:</b>	CM15-0113125		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 1, 2014. In a Utilization Review report dated June 6, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator did incidentally note that the applicant had had an earlier lumbar spine surgery, which apparently predated the industrial injury, August 3, 2012. The claims administrator referenced progress notes of March 28, 2015 and March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant was placed off work, on total temporary disability. Persistent complaints of low back pain were noted with radiation of pain to the buttock area but generally not below the knees. The applicant was asked to remain off work, on total temporary disability. Limited range of motion about the lumbar spine was noted. Celebrex and Tylenol No. 3 were renewed, without any seeming discussion of medication efficacy. The note was somewhat sparse and did not explicitly allude to the need for lumbar MRI imaging. In a pain management note dated May 13, 2015, the applicant reported ongoing complaints of upper back, mid back, and low back pain. Highly variable 2-6/10 pain complaints were reported. The attending provider stated that the applicant had had a CT scan of the lumbar spine demonstrating an L4-L5 fusion and a disk herniation at L5-S1. An L5-S1 epidural steroid injection was proposed. The applicant's work status was not explicitly stated, although it was suggested that the applicant was working. An earlier CT scan of lumbar spine dated March 20, 2015 was notable for postoperative changes of the lumbar spine at L4-L5 with evidence of lumbar spondylolysis at L3-L4 and mild neuroforaminal

narrowing at L5-S1. The applicant had also undergone a vertebroplasty at L1, it was reported. On May 28, 2015, the attending provider stated that he was putting through a request for lumbar MRI imaging on the recommendation of a physician whom the applicant had self-procured an office visit through her private insurance with. The attending provider acknowledged that the applicant was, in all likelihood, intent on pursuing epidural steroid injection therapy as opposed to further surgery.

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

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

#### **Lumbar MRI: Upheld**

**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 (Acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is recommended as a test of choice for applicants who have had prior back surgery, as apparently transpired here, this recommendation is, however, qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, multiple progress notes, referenced above, did not set forth a clear or compelling case for the lumbar MRI in question. It did not appear that the applicant was intent on pursuing any kind of surgical remedy involving the lumbar spine. The May 28, 2015 progress note did not make a compelling case for pursuit of the lumbar MRI. It did not appear that the applicant was intent on moving forward with further surgery involving the lumbar spine. Rather, it appeared that the applicant's pain management physician had suggested that the applicant pursue epidural steroid injection therapy, citing an earlier CT scan of the lumbar spine dated March 20, 2015, which he believed did demonstrate findings associated with new-onset radiculopathy at the L5-S1 level. Therefore, the request for a lumbar MRI imaging was not medically necessary.