

<b>Case Number:</b>	CM15-0117128		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 53-year-old who has filed a claim for chronic neck, low back, hand, and wrist pain reportedly associated with an industrial injury of April 19, 2011. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve request for lumbar MRI imaging. An April 13, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 13, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities with associated burning paresthesias. Positive straight leg raising was appreciated. Lumbar MRI imaging was endorsed, along with a rather proscriptive 10 pound lifting limitation. The note was difficult to follow, not entirely legible, thinly developed, did not clearly state what for issue, diagnosis, and/or purpose the MRI imaging at issue had been proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast for the lumbar spine 3.0 tesla:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** No, the request for lumbar MRI imaging without contrast is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the attending provider's progress note of April 13, 2015 was handwritten, thinly developed, sparse, difficult follow, not entirely legible, and did not clearly state why a lumbar MRI imaging was proposed. There was, thus, neither an explicit statement (nor an implicit expectation) the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.