

<b>Case Number:</b>	CM15-0117395		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/19/1998
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/09/2015
<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: Connecticut, California, Virginia  
 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 injured worker is a female, who sustained an industrial injury on October 19, 1998, incurring low back injuries. He was diagnosed with lumbar disc disease and scoliosis. Treatment included pain medications, intraspinal pain infusion pump, physical therapy, antidepressants, and work restrictions. Currently, the injured worker complained of an exacerbation of low back pain and lower extremity pain with difficulty sitting, standing and walking. He complained of difficulty sleeping secondary to pain. He was diagnosed with intractable back pain secondary to lumbar degenerative disc disease, insomnia and depression. The treatment plan that was requested for authorization included chest X ray, laboratory testing and a Magnetic Resonance Imaging of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest x-ray Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 290.

**Decision rationale:** In this case, the requested labs and chest x-ray appear to have been considered in order to rule out infection, however, recent notes do not indicate symptoms consistent with infection (fever, lung complaints, erythema, etc.) and therefore work-up is not clinically necessary at this time. Should symptoms or concern for infection develop in the future, the requested labs and imaging may be appropriate. Therefore, at this time, based on the provided documents and lack of clear evidence requiring a need to rule out infection, the requested labs and x-ray are not considered medically necessary.

**CBC, CMP, UA Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 290.

**Decision rationale:** In this case, the requested labs and chest x-ray appear to have been considered in order to rule out infection, however, recent notes do not indicate symptoms consistent with infection (fever, lung complaints, erythema, etc.) and therefore work-up is not clinically necessary at this time. Should symptoms or concern for infection develop in the future, the requested labs and imaging may be appropriate. Therefore, at this time, based on the provided documents and lack of clear evidence requiring a need to rule out infection, the requested labs and x-ray are not considered medically necessary.

**MRI lumbar spine Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.