

<b>Case Number:</b>	CM15-0028499		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 46-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 16, 2005. In a utilization review report dated February 3, 2015, the claims administrator failed to approve a request for MRI imaging and a lumbar support. An RFA form received on January 28, 2015 was referenced in its determination. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant reported persistent complaints of low back pain, gluteal pain, and paralumbar spasm. The applicant was status post earlier lumbar laminectomy at L5-S1. The applicant had residual neural foraminal stenosis and an L4-L5 disc compromise at the L4 level, it was stated. Multiple medications, including Opana, Soma, and Naprelan, were renewed. The applicant's work status was not furnished. The applicant was given a Toradol injection for a reported flare of pain. In a later note dated January 22, 2015, the applicant reported persistent complaints of low back pain periodically impacting the lower extremities. The applicant's axial complaints were greater than her radicular complaints, it was noted. A lumbar support and updated lumbar MRI scan were endorsed. The attending provider suggested that the applicant continue current supportive measures, including potential injection modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

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

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

**Decision rationale:** No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline 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, there was neither an explicit statement (nor an implicit explanation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. Rather, the requesting provider seemingly suggested that the applicant would maximize conservative treatment in the form of medications and injection therapy, regardless of the outcome of the study. Therefore, the request was not medically necessary.

**Durable medical equipment: Lumbar Brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Similarly, the request for a lumbar brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, January 22, 2015, following an industrial injury of December 16, 2005. Introduction and/or ongoing usage of a lumbar brace/lumbar support was not, thus, indicated here at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.