

<b>Case Number:</b>	CM15-0064656		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Illinois

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 sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, lumbar; radiculitis bilateral; and failed weaning attempt from methadone. Treatment to date has included back surgery, oral and injectable pain medications, and medications used for neuropathic pain. The medical records provided for review do not indicate a medical necessity for 1 MRI of the lumbar spine. The medical records reviewed did not provide detailed history regarding the pain, neither was there a documentation of the neurological examination. The MTUS recommends that diagnostic tests be based on the context of assessment from the history and physical findings. Also, the MTUS recommends against reliance on imaging to avoid finding things that are unrelated to the disorder in question. The request IS NOT medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304,Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, lumbar; radiculitis bilateral; and failed weaning attempt from methadone. Treatment to date has included back surgery, oral and injectable pain medications, and medications used for neuropathic pain. The medical records provided for review do not indicate a medical necessity for 1 MRI of the lumbar spine. The medical records reviewed did not provide detailed history regarding the pain, neither was there a documentation of the neurological examination. The MTUS recommends that diagnostic tests be based on the context of assessment from the history and physical findings. Also, the MTUS recommends against reliance on imaging to avoid finding things that are unrelated to the disorder in question.