

<b>Case Number:</b>	CM15-0077692		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 9, 2010. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and range of motion testing. The claims administrator invoked non-MTUS ODG Guidelines in both determinations, despite the fact that the MTUS did address the request at hand. A March 7, 2015, progress note was referenced in the determination. The claims administrator stated that the attending provider had noted on March 7, 2015 that the applicant was a candidate for surgical intervention. The applicant's attorney subsequently appealed. Earlier lumbar MRI imaging of March 23, 2014 was notable for multilevel disc protrusions, degenerative changes, facet hypertrophy and neural foraminal narrowing of various degrees, moderate-to-severe at the L3-L4 level. Nerve root compromise at the L4-L5 level was appreciated. In a May 24, 2014 progress note, the applicant was described as having ongoing complaints of low back pain radiating to the left leg. The applicant was described as having symptomatic spinal stenosis with left L5 radiculopathy and associated neurogenic claudication. The applicant was described as a surgical candidate. The attending provider suggested that the applicant undergo an L4-L5 lumbar decompression-fusion procedure. Naprosyn, Prilosec, Flexeril, and Ultracet were endorsed. On November 8, 2014, the attending provider reiterated his request for lumbar fusion surgery at the L4-L5 level. The applicant was placed off of work, on total temporary disability, while Naprosyn, Prilosec, Flexeril and Ultracet were renewed. The claims administrator's medical evidence log suggested that the November 8, 2014, progress note was the most recent note on

file; thus, the IMR packet seemingly failed to include or incorporate the March 7, 2015 progress made available to the claims administrator.

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

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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:** Yes, the proposed lumbar MRI was medically necessary, medically appropriate, and 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 diagnosis is being evaluated. Based on the claims administrator's description of events on March 7, 2015, it was stated that the applicant was considering surgical intervention involving the lumbar spine. The applicant's primary treating provider (PCP) also wrote on various notes of late 2014, including on November 8, 2014, that the applicant should consider surgical intervention involving the lumbar spine for issues with symptomatic spinal stenosis and symptomatic lumbar radiculopathy. Earlier MRI imaging of July 2014 was likely too dated for preoperative planning purposes. Moving forward with repeat lumbar MRI imaging, thus, was indicated on or around the date of the request, March 7, 2015. Therefore, the request was medically necessary.

**Range of motion testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

**Decision rationale:** Conversely, the request for range of motion testing was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, range of motion measurements of the low back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Here, the March 7, 2015, progress note made available to the claims administrator was not incorporated into the IMR packet. The historical information on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.