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| <b>Case Number:</b>   | CM15-0094328 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 07/18/1999 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 1999. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for lumbar MRI imaging without contrast. The claims administrator referenced a RFA form received on April 8, 2015 and an associated progress note of March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 14, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, left greater than right. The attending provider alluded to previously performed lumbar MRI imaging dated March 26, 2015, noting multilevel disk protrusions of varying significance, most prominent at the L5-S1 level. It was stated that the applicant had issues with morbid obesity. The applicant weighed 312 pounds, it was reported. Norco, Motrin, and Zantac were endorsed. The applicant's permanent work restrictions were renewed. The attending provider suggested that an earlier gastric bypass surgery had proven ineffectual. On March 15, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was using Norco and Motrin for pain relief. The applicant was not working, it was acknowledged. Hyposensorium was noted about the left leg on exam. The applicant was again described as severely obese, weighing 312 pounds. The attending provider suggested that the applicant was using a cane to move about and exhibited weakness about the legs. The attending provider stated that he was intent on performing "updated" lumbar MRI imaging to assess the integrity of the applicant's intervertebral disks and

related structures. The attending provider did not state, however, whether or he was intent on acting on the results of the lumbar MRI in question.

### **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 without contrast:** Upheld

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

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

**Decision rationale:** No, the request for MRI imaging of the lumbar spine 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, however, the attending provider seemingly ordered lumbar MRI imaging for academic and/or structural evaluation purposes, without any clearly formed intention of acting on the results of the same. The lumbar MRI imaging in question was apparently positive and did demonstrate evidence of multilevel disk protrusions, some of which were associated with nerve root compromise. The attending provider did not, however, act on the results of the same. The attending provider did not alter his treatment plan or treatment options based on the outcome of the positive lumbar MRI. It appeared, furthermore, that the applicant's morbid obesity with weight greater than 300 pounds made the applicant a less-than-optimal surgical candidate. Therefore, the request is not medically necessary.