

<b>Case Number:</b>	CM14-0153568		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of October 2, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery on July 17, 2014; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. In a progress note dated August 20, 2014, the applicant reported persistent complaints of low back pain. The applicant was experiencing a flare of low back pain radiating into the bilateral lower extremities times seven weeks. Intact lower extremity sensorium and reflexes were noted with negative straight leg raising. The applicant was status post lumbar spine surgery of July 17, 2014. Authorization for a lumbar MRI was sought. The requesting provider was an orthopedist. The applicant was off of work, on total temporary disability. Eight sessions of physical therapy were sought. The attending provider stated that he was seeking MRI imaging to delineate the applicant's "pathoanatomy" involving the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there was/is no evidence that surgery is being considered on or around the date in question, August 27, 2014. Rather, the attending provider seemingly suggested that he was ordering the lumbar MRI in question for academic purposes, to delineate the applicant's lumbar spine anatomy. This is not an ACOEM-endorsed role for lumbar MRI imaging. Therefore, the request is not medically necessary.