

<b>Case Number:</b>	CM13-0006728		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Internal 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 patient is an injured worker with lumbar back complaints. The date of injury was 12-07-2005. An orthopedic note dated 05-01-2013 documented myoligamentous strain of lumbar spine with radicular symptoms to the lower extremities. Physical examination included lumbar spine range of motion flexion 115, extension 25, right bending 20, left bending 25, right rotation 25, left rotation 25 but no documentation of tenderness. Utilization review dated 07-16-2013 recommended non-certification of the request for MRI Lumbar. Utilization review dated 07-16-2013 recommended non-certification of the request for MRI Lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back

Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. An orthopedic note dated 05-01-2013 documented physical examination: lumbar spine range of motion flexion 115, extension 25, right bending 20, left bending 25, right rotation 25, left rotation 25. There was no documentation of tenderness. No neurologic compromise was documented on physical examination. There was also no documentation of plain film radiographs. No evidence of cauda equina, tumor, infection, or fracture was documented. MTUS / ACOEM guidelines and medical records do not support the medical necessity of MRI of lumbar spine. Therefore, the request for an MRI of the lumbar without contrast is not medically necessary. MTUS / ACOEM guidelines and medical records do not support the medical necessity of MRI of lumbar spine. Therefore, the request for MRI LUMBAR WITHOUT CONTRAST is Not medically necessary.