

<b>Case Number:</b>	CM13-0021300		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 pt. is a 43 y.o. male with a h/o injury 4/6/11. He underwent rt rotator cuff repair and biceps operation. He has LBP since injury. A visit to MD with c/o chronic LBP with radiation resulted in a request for MRI of lumbar spine to r/o disc herniation. Pt had a straight leg raise at that visit. Pt. was on norco. UR denied request 8/23/13. An appeal was made 9/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

. **MRI for lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou, R. Annals of Internal Medicine, 2011; vol 154: pp 181-189 as quoted from web MD

**Decision rationale:** the Annals of Internal Medicine, suggest that such imaging tests are appropriate for people with low back pain that may be due to cancer, infection, nerve damage, or pain that worsens despite initial treatment. Signs of these more serious conditions include weight loss, fever, loss of muscle strength, and/or sensation in the legs and abnormal reflexes in addition to the low back pain. Chou and colleagues reviewed the literature on the use of routine imaging

tests in people with low back pain. By and large, patients with acute low back pain without findings suggesting a specific underlying condition had the same outcome with or without these tests. The records presented do not indicate whether the symptoms have progressed or changed, since the injury over 2 years ago. Until further info is received, the UR decision to noncertify the request for urgent MRI is not reversed.