

<b>Case Number:</b>	CM13-0024541		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation 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 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 patient is a 51-year-old injured worker with a reported date of injury on 03/03/2008. The patient presented with low back pain, limited lumbar range of motion, lumbar spine spasm, and decreased reflexes in the L5-S1 distribution on the right and antalgic gait. The patient had diagnoses including mechanical low back pain, lumbar degenerative disc disease, right lower extremity pain, lumbar facet joint arthropathy, and myofascial pain syndrome. The physician's treatment plan included request for MRI of the lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303-305 and 308-310.

**Decision rationale:** The ACOEOM Guidelines, Knee Complaints Chapter, states, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).

CT or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. Additionally, the ACOEM Guidelines states using imaging tests before 1 month in absence of red flags are not recommended. Within the provided documentation, the requesting physician did not include adequate documentation of significant signs and symptoms of radiculopathy in the most recent clinical note, after the patient underwent an epidural steroid injection. The patient underwent an MRI of the lumbar spine on 11/01/2011, and it was unclear if the patient has experienced a significant change in symptoms or developed significant pathology that would indicate the patients need for a repeat MRI at this time. The request for an MRI of the lower back is not medically necessary and appropriate.