

<b>Case Number:</b>	CM13-0029290		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 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 patient is a 62 year old male with chronic low back pain. An acute exacerbation was experienced and the treating physician requested physical therapy X's 8, a Toradol injection and an MRI. There were no neurological findings noted and no definitive radiculopathy was documented. No other "red flag" signs or symptoms were reported. The PT was authorized as was the Toradol injection. Subsequent to finishing the authorized PT the patient had very significant improvement in his symptoms and there continued to be no neurological findings. An unauthorized MRI was performed which showed widespread lumbar spondylosis. No impending surgical lesion was noted in the MRI with the absence of corresponding signs or symptoms.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Acute and Chronic (Updated 12/27/23), MRI testing.

**Decision rationale:** The MTUS guidelines do not address in detail the indications for MRI's with chronic low back pain. ODG addresses this issue and recommends MRI imaging only if there are neurological findings or a high suspicion of "red flag" conditions. Neither of these conditions were met. Also, the authorized treatment had not been initiated prior to the request for the MRI and the treatment appears to have been quite effective for pain relief. At the time of the request and up to the latest records reviewed the lumbar MRI is not appear medically necessary.