

<b>Case Number:</b>	CM13-0029733		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	07/09/2013
<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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an injury on 04/16/2004. The mechanism of injury was not provided in the medical records. The patient was diagnosed with discogenic low back pain. The patient's symptoms included low back pain. The patient noted he had functional improvement and pain relief with therapy and medication. Examination of the lumbar spine noted to have tenderness about the lower lumbar paravertebral musculature. Forward flexion was noted to be 60 degrees, extension 10 degrees, and lateral bending 30 degrees. Strength in the lower extremities was noted to be intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation ODG-TWC, Low Back Chapter: MRI, (online version).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the ACOEM Guidelines which state unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging in patients who do not respond to treatment and who would

consider surgery an option. When the neurological examination is less clear; however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The documentation submitted for review indicated the patient had received an MRI of the lumbar spine on 07/15/2013. The documentation fails to provide evidence of any red flag diagnoses or in which surgery was being considered. Therefore, the request is not supported. Given the above, the request for an MRI of the lumbar spine is non-certified.