

<b>Case Number:</b>	CM13-0033893		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 a 46-year-old male with date of injury on 5/24/2011 when he fell down a set of stairs carrying a skill saw. It was reported there was loss of consciousness at the scene. An evaluation was done at a local hospital where the patient obtained xrays and was prescribed physical therapy. It was later determined the patient had much more injury than initially thought; he had a shoulder fracture with rotator cuff injury and more significant knee injuries. He had surgery on bilateral knees and right shoulder. He continues to have significant disability reported from the injury with neck pain, low back pain, gastrointestinal complaints, migraine headaches, and now suffers from depression and anxiety as a result. He has had MRI imaging and fine cut CT scans of his lumbar spine in the past. He was seen by a new primary orthopedist who requested full spine MRI, bilateral knee MRI's and right shoulder MRI. This current request is for MRI of the lumbar spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-315.

**Decision rationale:** The patient has had chronic pain issues since his injury and has had both MRI and CT scans of his lumbar spine within the last 12-18 months. There is no objective or subjective data on records provided that there is worsening or sudden changes in prior findings to suggest the need of a new MRI. The patient has wanted conservative care in the past, despite a recommendation for a surgical procedure. The California MTUS guidelines do allow for MRI imaging if unequivocal evidence is suggestive of significant pathology suggestion a nerve compromise if patients have failed conservative care and the patient is willing to have surgery. As above, no new findings on the exam have been presented, nor do the records reflect marked worsening. Coupled with the lack of willingness of the patient to have surgery in the past, the MRI of the lumbar spine is not medically necessary.