

<b>Case Number:</b>	CM13-0040450		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family 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:

This injured worker's date of injury is 07/27/2011. The treating physician is treating the patient for chronic low back pain with the clinical diagnoses of "T - L spine sp/str radic w DP L4 - S1" and "spondylolisthesis L (illegible)." On "L - spine" exam there are tender post(erior) (illegible), decreased sensation L4 - L5 (illegible) levels (illegible) LE (lower extremity). The treating physician is requesting an 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 LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS LOW BACK COMPLAINTS. ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, PAGES 308-310. OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, MRI's.

**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, MRI's

**Decision rationale:** According to the Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg. tumor, infection, fracture, neurocompression, recurrent

disc herniation). The patient's physician is recommending that a lumbar spine MRI be performed. The patient has chronic low back pain. There are no clinical "red flags," such as bowel or bladder incontinence, nor is there surgery planned. The request for an MRI of the lumbar spine is not medically necessary.