

<b>Case Number:</b>	CM13-0048164		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 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 was a 54 year old female with complaints of low back pain resulting from an injury on 04/11/2008. Upon examination on 11/05/2013 the patient was noted to have tenderness in the cervical and lumbar paravertebral muscles and the upper trapezius muscles. The patient was noted to have started a physical therapy program and had a psychiatric consultation. The patient had a negative straight leg raise and decreased range of motion of the lumbar spine noted. The patient had a previous MRI of the cervical and lumbar spine on 06/26/2008 which was noted as having normal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Chapter, MRI.

**Decision rationale:** The request for MRI of the Lumbar Spine is non-certified. The patient was noted to have tenderness to the lumbar spine region upon physical examination on 11/05/2013.

Official Disability Guidelines state 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 had MRIs of the lumbar spine on 06/26/2008 which had no significant findings. The patient did not have noted significant changes to her condition submitted for review. The guidelines do not recommend repeat MRIs unless the patient had significant changes noted. Given the information submitted for review the request for MRI of the lumbar spine is non-certified.