

<b>Case Number:</b>	CM13-0052447		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/03/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on October 3, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and muscle relaxants. In a progress note dated September 13, 2013, the applicant reports persistent low back pain complaints. The applicant is doing heavy physical work which resulted in heightened pain. The applicant has an intact lower extremity neurologic exam. The applicant was diagnosed with lumbar spondylosis, and asked to pursue a repeat lumbar MRI. It is stated that the applicant may be a candidate for an anterior lumbar interbody fusion at L5-S1. On October 28, 2013, the applicant was given refills of Lodine and Prilosec. He was again described as neurologically intact on this date. The operating diagnosis is lumbar spondylosis.

### 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.

**Decision rationale:** As noted in the MTUS/ACOEM guidelines, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, however, the applicant is consistently described as having an intact neurologic exam and intact neurologic function of the lower extremities. The applicant's successful return to regular work implies that he has responded favorably to previous conservative treatment. Therefore, the request for lumbar MRI imaging is not certified.