

<b>Case Number:</b>	CM13-0056582		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Texas. 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 is a 51-year-old male who reported an injury on 06/28/2012. The patient was reportedly injured when he made a sharp turn while driving a forklift and strained his lower back. The patient is currently diagnosed with lumbar spine sprain, rule out left inguinal hernia, left knee sprain, and left ankle sprain. The patient was seen by [REDACTED] on 11/08/2013. The patient reported persistent left lower extremity pain as well as low back pain. Physical examination was not provided. Treatment recommendations included an MRI of the thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Thoraic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, there was no physical examination on

the requesting date of 11/08/2013. Therefore, there is no physiologic evidence of tissue insult or nerve impairment. There is no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.