

<b>Case Number:</b>	CM13-0058995		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 46-year-old female who was injured on June 11, 2013 when a box weighing 70 pounds struck her back. The patient continued to experience low back pain, which radiated into her right buttock and leg with pain and numbness to her right foot. Past medical history was significant for asthma. A physical examination showed 5/5 motor strength in bilateral lower extremities and intact sensation to light touch. Request for authorization for MRI of the lumbar spine was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, Magnetic Resonance Imaging (MRI)

**Decision rationale:** MRI's are the test of choice for patients with prior back surgery. It is not recommended for uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The patient in this

case had no objective findings of radiculopathy. Motor and sensory functions were intact. There were no red flags in the history to indicate the need for MRI. Medical necessity has not been established and is therefore, non-certified.