

<b>Case Number:</b>	CM13-0060606		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Orthopedic Surgery, 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 is a 59 year old who was injured in a work-related accident on 8/1/07. The records provided for review include a 7/19/13 follow up report noting continued complaints of pain in the lumbar spine described as throbbing and radiating to the neck and left knee pain. Physical examination was documented to show tenderness and spasm of the lumbar paravertebral musculature but no sensory, motor, or reflexive change of either the upper or lower extremities. The recommendation was made for an MRI scan of the cervical spine, lumbar spine, and thoracic spine. The clinical records do not contain any imaging reports or additional physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE, LUMBAR SPINE, AND THORACIC SPINE (DOS 8-7-13) DENIED BY PHYSICIAN ADVISOR-PEER REVIEWER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165,177-178,287.

**Decision rationale:** The medical records provided for review do not contain any documentation of acute radicular findings on examination of the cervical or lumbar spines. There is no documentation of any sensory, motor, or reflexive changes of the upper or lower extremities that would support the need of an MRI at any of the requested areas at this point in time greater than six years after surgery. The specific request based on absence of physical examination findings or significant change in the claimant's clinical complaints would not be indicated. The request is not medically necessary and appropriate.