

<b>Case Number:</b>	CM13-0061413		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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:

The patient is a 54-year-old male who reported an injury on 11/15/2010 after a fall that reportedly caused injury to multiple body parts, including the patient's neck, left shoulder, low back, left knee, and left ankle. The patient developed chronic low back pain that was managed with medications and physical therapy. The patient's most recent clinical documentation noted that the patient had continued low back pain complaints. Physical findings included an antalgic gait with the use of a cane. The patient's diagnoses included hand sprain, shoulder sprain, and bilateral knee sprains. The patient's treatment plan included an MRI of the lumbar spine and continuation of medications.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The requested MRI OF THE LUMBAR SPINE WITHOUT CONTRAST is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for patients with apparent neurological

deficits upon physical examination that are recalcitrant to conservative measures. The clinical documentation submitted for review does not provide any evidence of neurological deficits that would support the need for an imaging study. As such, the requested MRI OF THE LUMBAR SPINE WITHOUT CONTRAST is not medically necessary or appropriate.