

<b>Case Number:</b>	CM13-0061887		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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:

The injured worker is a 34-year-old male who reported a slip and fall on 06/26/2010. On 05/22/2014 his diagnoses included chronic low back pain, rule out herniated disc. An x-ray of the lumbosacral spine on 07/11/2013 revealed normal bone quality with no evidence of significant degenerative disc disease. An MRI of the low back of 09/23/2010 showed some degenerative changes, but no significant disc protrusion. The rationale for the request of the MRI of the lumbar spine was stated as this patient does have evidence of cervical, as well as lumbar injury, but does not have evidence of radiculopathy on examination or on EMGs and NCVs. The MRI in this injured worker's chart was 3 years old. If a new MRI shows no significant structural abnormality warranting further interventional treatment then the reviewer would agree that this injured worker should have been considered permanent and stationary. There was no Request for Authorization included in the documentation.

### 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  
Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Magnetic resonance imaging (MRI) is specifically not recommended for lumbosacral strain. It is recommended for disc protrusion. Based on previous MRIs, electromyograms and nerve conduction velocity studies, there was no radiculopathy or disc protrusion seen in this worker's lumbar spine. Therefore, the request for MRI of the lumbar spine is not medically necessary.