

<b>Case Number:</b>	CM13-0064006		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/03/1989
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Family Practice 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 60 year old male who reported and injury on 06/03/1989. There is no mechanism of injury, surgical history, and therapies are noted in the medical records provided. The medications listed are: Hydrocodone-acetaminophen 10/325mg take 1 tablet three times a day, Norflex 50x2= 100 mg daily, Primidone 50 mg tablet take as directed daily, Paxil 10 mg tablet take 1 tablet every morning, Pravastatin 20 mg tablet take 2 tablets once daily, Lisinopril 20 mg tablet take 1 tablet daily, testosterone patch 24 hour, 20% cream 1 ml, apply 1 patch to skin at bedtime, Divalproex DR tablet 500 mg take one tablet three times a day, Divalproex sodium tablet delayed release 250 mg take one tablet daily, paroxetine HCI tablet 10 mg take one daily in morning and continue Meloxicam 15 mg one table one daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR 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 ACOEM Guidelines state that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Since the overall false positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. The medical records provided for review do not provide any recent comprehensive lumbar evaluation. There is no documentation provided that shows a significant change in symptoms. Therefore the request is not medically necessary and appropriate.