

<b>Case Number:</b>	CM13-0064199		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/13/2013
<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 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:

The claimant is a 45-year-old female injured on March 30, 2012. The records available for review contain the report of a lumbar MRI dated April 18, 2013, showing a disc protrusion at the L5-S1 level. A clinical report dated October 28, 2013, documents that the claimant's current lumbar condition is unchanged. Subjective complaints include low back pain with radiating right leg pain; no formal objective findings demonstrating acute radicular or neurologic process are referenced in the records. The claimant has undergone conservative care, including therapy, medication management and activity restrictions. No prior surgery is referenced. Due to the claimant's ongoing complaints of pain, a repeat lumbar MRI scan was recommended for further diagnostic interpretation.

### 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 Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

**Decision rationale:** Based on California ACOEM Guidelines, MRI scans of the lumbar spine are recommended when unequivocal objective findings identify specific nerve compromise upon neurologic examination. In this case, an April 2013 MRI and current physical examination records show no interval change in symptoms and no evidence of objective findings of a radicular nature. Therefore, this request for a repeat lumbar MRI would not be medically indicated.