

<b>Case Number:</b>	CM13-0066352		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Illinois. 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 48-year-old male who reported an injury on 02/28/2013 secondary to heavy lifting. Current diagnoses include L3-4 disc herniation with left-sided radiculopathy and cervical hyperextension/hyperflexion. The injured worker was evaluated on 10/08/2013. The injured worker reported persistent pain in the cervical spine, lumbar spine, and left lower extremity. Physical examination of the lumbar spine revealed limited lumbar range of motion, mild spasm, and an antalgic gait. Treatment recommendations at that time included a neurological evaluation, acupuncture, aquatic therapy, and a second MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the

selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. The injured worker does not appear to meet criteria for the requested procedure. The injured worker has previously undergone an MRI of the lumbar spine in 05/2013. The previous MRI was not provided for review. There is no evidence of neurological deficit upon physical examination. There is no mention of at least 1 month of conservative therapy. Based on the aforementioned points, the injured worker does not meet criteria for the requested service. The request for the Lumbar Spine MRI is not medically necessary.