

<b>Case Number:</b>	CM13-0067390		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 patient is an employee of [REDACTED] (DBA) and has filed a claim for L5 lumbar compression fracture associated with an industrial injury date of February 5, 2013. Utilization review from December 3, 2013 denied the request for MRI of the lumbar spine due to no indication and discussion for an MRI of the lumbar spine given the patient recently had an epidural steroid injection as well as an MRI in April 2013. Treatment to date has included epidural steroid injection, activity modification, medication, and physical therapy. Medical records from 2013 were reviewed showing the patient complaining of low back and right greater than left gluteal pain. The pain is worse with prolonged positioning and repetitive activity. The patient is taking NSAIDs and is tapering the intake of Norco. On examination, there was noted focal tenderness over the lumbar spine, right greater than left. Range of motion for the lumbar spine was noted to be limited due to pain. There were no focal neurological deficits noted; motor and sensory were normal. The patient underwent MRI of the lumbar spine in April 2013 showing degenerative disk disease and loss of height for the L5 vertebral body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of low back pain. However, the recent progress notes did not have evidence of progressive neurological deficits that may warrant an MRI study. Therefore, the requested MRI of the lumbar spine is not medically necessary.