

<b>Case Number:</b>	CM13-0070839		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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:

Injured worker is a female with date of injury 6/19/2013. Per primary treating physician's progress report, the injured worker reports ongoing lower back pain, rated at 8/10. She is taking Celebrex to help alleviate her pain. She currently is receiving physical thereapy and completed 4 treatments and notices no change in her pain level of condition. She does home exercises, yet her pain persists. On exam of the thoracolumbar spine, there is tenderness to right and left paraspinal muscles. Lumbar spine range of motion is reduced for flexion, extension, right and left lateral bending. Neurological examination of the lumbar spine is normal. Diagnoses include 1) lumbosacral sprain 2) spondylolisthesis L4-L5 3) thoracic sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE W/O DYE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** The primary treating physician states that a lumbar spin of the MRI is needed since the injured worker continues to experience lower back pain despite conservative

treatment in the form of physical therapy, home exercises and oral pain medications. Per the Doctor's First Report of Occupational Injury or Illness, the injured worker was injured when she was doing heavy lifting. The injury is reported as being from cumulative trauma, and symptoms worsened after the injury. The ACOEM Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended when there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The mechanism of injury did not involve trauma, and there is no indication of specific nerve compromise. The request for MRI of lumbar spine is determined to not be medically necessary.