

<b>Case Number:</b>	CM13-0071438		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<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 Geriatrics, and is licensed to practice in New York. 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 male with a date of injury of 3/5/12. He had an MRI of the lumbar spine in 10/12 showing disc bulge at L4-5 and L5-S1 with mild spinal canal narrowing at L5-S1 only. An EMG/NCV done in 3/13 was unremarkable with no evidence of lumbosacral radiculopathy. Another MRI in 3/13 showed no disc protrusion or foraminal stenosis at any level. The most recent clinic note included in the records for review is from 3/25/13. His diagnosis was lumbosacral strain without evidence of radiculopathy though he had slight restriction in spine range of motion and intermittent minimal pain with prolonged standing and repetitive bending. He had no work restrictions. At issue in this review is an 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:

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This injured worker had prior diagnostic studies including EMG/NCV and MRI of the lumbar spine. Per the ACOEM Guidelines, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, his most recent studies did not show any evidence of disc protrusion, canal narrowing or radiculopathy. The available

records do not substantiate the medical necessity for a repeat lumbar spine MRI. The request is therefore not medically necessary and appropriate.