

<b>Case Number:</b>	CM14-0009063		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Internal 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 injured worker is a 40-year-old male who sustained an injury to his low back on February 21, 2011. The mechanism of injury was not documented. An MRI the lumbar spine dated February 7, 2012 revealed disc bulges/extrusion at L2-3, L3-4 and L4-5. Treatment to date has included NSAIDs and an unspecified amount of massage therapy. A clinical note dated November 25, 2013 reported that the injured worker continued to complain of increased lower extremity symptoms. There was no new acute injury or exacerbation of previous symptoms noted. Current medications included Dilaudid, Cymbalta, Robaxin, Zanaflex, Abilify, Hydrocodone, Oxycodone and Methylprednisone pack. Physical examination noted positive straight leg raise and diminished lower extremity strength.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 12, LOW BACK COMPLAINTS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** There was no new acute injury or exacerbation of previous symptoms noted since the previous February 7, 2012 study. There was no mention that a surgical intervention was anticipated. There were no focal neurological deficits. There was no indication of decreased motor strength, increased reflex or sensory deficits noted on physical examination. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the lumbar spine has not been established. The request for MRI of the lumbar spine is not medically necessary.