

<b>Case Number:</b>	CM14-0108421		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 95-year-old male who reported an injury on 09/08/2011. The mechanism of injury involved heavy lifting. The current diagnosis is pain in the lower back. Previous conservative treatment was noted to include medications, TENS therapy, and home exercise. The injured worker was evaluated on 03/07/2014 with complaints of 6/10 low back pain. The physical examination revealed decreased lumbar extension with tenderness to palpation. The treatment recommendations at that time included an MRI of the lumbar spine. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) , Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/12/14) Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for

serious spinal pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There is no documentation of a musculoskeletal or neurological deficit. There is no mention of an attempt at recent conservative treatment to include physical modalities. Based on the clinical information received, the medical necessity has not been established. As such, the request for MRI is not medically appropriate or necessary.