

<b>Case Number:</b>	CM14-0011011		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/20/1985
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 60 year old woman who sustained a work-related injury in 1985. Due to that injury, she has been diagnosed with chronic low back pain and radiculopathy of the left leg. In her most recent medical encounter, she complained of pain in her left lower back rated at 2/10 and in her left leg rated at 6/10. For pain control, she is currently taking Norco, Naproxen, Flexeril, Synovacin and Terocin. The employee had a MRI of the spine in 2012. The treating physician would like another MRI for comparison.

### 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 Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The above cited guidelines state that an MRI for low back pain indicated for cauda equina, tumor, infection, or when a fracture is strongly suspected but plain films are negative. This employee does not meet any of those conditions. Furthermore, the guidelines state that and MRI is the test of choice in patients with prior back surgery. The employee has not

had back surgery. It is not clear why the treating physician wants a repeat MRI, and the employee does not meet any of the criteria in the ACOEM guidelines. Therefore, an MRI of the lumbar spine is not medically necessary.