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| <b>Case Number:</b>   | CM14-0011320 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 06/12/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 01/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2014 |

### 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 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:

The patient is a 42-year-old who has submitted a claim for chronic lower back pain associated with an industrial injury date of June 12, 2012. Medical records from 2013 were reviewed. The patient complained of lower back pain. Physical examination showed valgus deformities on bilateral knees, decreased lumbar ROM (range of motion), and reflexes of 1/4 bilaterally. Lumbar MRI done last August 30, 2012 showed minimal disc bulge at L4-5 eccentric to the left without stenosis. No information was given regarding treatment to date. Utilization review from January 6, 2014 denied the request for repeat MRI of the lumbar spine because there were no progressive neurologic deficits, red flag conditions, and surgical plans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT MAGNETIC RESONANCE IMAGING ( MRI) OF THE LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the patient complained of lower back pain with no evidence of lumbar nerve root compromise on physical examination. The medical records do not contain progress notes for review to establish a case for repeat lumbar MRI. Therefore, the request for repeat magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary or appropriate.