

<b>Case Number:</b>	CM14-0015510		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 53-year-old male who sustained an injury to his low back on 10/14/08. The mechanism of injury was not documented. A clinical note dated 01/16/14 reported that the injured worker continued to complain of low back pain. Physical examination noted spasm, painful range of motion, as well as limited range of motion; positive Lasegue's bilaterally; positive straight leg raise bilaterally at 60; motor strength intact; well-healed surgical incision present; pain at L3-4 right-sided along quadriceps. The patient was diagnosed with status post hardware removal, lumbar spine degenerative disc disease and low back pain. A request for an updated MRI of the lumbar spine was made.

### 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.

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

**Decision rationale:** The request for MRI lumbar of the lumbar spine is not necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention

that a surgical intervention is anticipated. There were no findings of decreased motor strength, increased reflex or sensory deficits. There is no indication that plain radiographs were obtained prior to the request for more advanced MRI. 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.