

<b>Case Number:</b>	CM14-0110226		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 11/24/1999. This patient's diagnosis is low back pain, status post an L2-S1 fusion. Treatment included medications, physical therapy, and injections. An agreed medical examination of 08/16/2013 concluded the patient was permanent and stationary. That report recommended that the patient have access to orthopedic follow-up, an MRI, or CT studies as indicated. On 03/18/2014, the patient's treating physician submitted a progress report and request for authorization for treatment. The patient was noted to be off narcotics and benzodiazepines and experiencing post-acute withdrawal symptoms. The patient was attempting to defocus from his pain and depression and anxiety. The patient had ongoing pain in the low back and the left sacral foramen, which were improving. The patient was improved to be able to ambulate with the assistance of a cane for about one block and able to ambulate about 30 steps without the assistance of a cane, and he was having improvements in activities of daily living.

### 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): 287. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** ACOEM guidelines, Chapter 12, low back, page 309, recommends MRI imaging when there are red flag symptoms or worsening of neurological deficit. The medical records in this case suggest that the patient has been improving rather than worsening. The records do not provide an indication or rationale for a repeat of lumbar MRI. This request is not medically necessary.