

<b>Case Number:</b>	CM14-0116549		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 23-year-old male with a 12/19/08 date of injury. At the time (6/2/14) of request for authorization for retrospective request: MRI of the lumbar spine, DOS 6/5/14, there is documentation of subjective (low back pain radiating to the lower extremities) and objective (tenderness over the lumbar spine and decreased range of motion) findings, current diagnoses (lumbar spine sprain/strain, complex regional pain syndrome, and bilateral hip sprain/strain), and treatment to date (medications). Medical report identifies a request for MRI lumbar spine to confirm suspected disc protrusion. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, or consideration for surgery.

### 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 (Date of Service: 6/5/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, complex regional pain syndrome, and bilateral hip sprain/strain. In addition, there is documentation of conservative treatment (medications). However, despite documentation of a request for MRI lumbar spine to confirm suspected disc protrusion, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, or consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine (Date of Service: 6/5/14) is not medically necessary and appropriate.