

<b>Case Number:</b>	CM14-0119412		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 27 year old male with a reported date of injury on 05/21/2012. The mechanism of injury was a slip and fall on a truck ramp. The injured worker's diagnoses included lumbar sprain, displacement of lumbar intervertebral disc without myopathy. The injured worker's past treatment included medications. The injured worker underwent an MRI of the lumbar spine on 07/14/2014 which revealed the posterior disc contour to be within normal limits throughout the lumbar spine without evidence of neural impingement. No pertinent surgical history was provided. The injured worker was seen for re-evaluation on 05/29/2014 and reported intermittent back pain. No physical exam was documented. The injured worker's medications included tramadol, Naprosyn 500 mg PO twice per day, nabumetone 500 mg once per day, and zolpidem 5 mg at bedtime. The request was for an MRI of the lumbar spine to further clarify the injured worker's problems. The request for authorization form was submitted on 06/12/2014.

### 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): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker complained of intermittent low back pain with no mention of radiating pain, or decreased sensation and no objective physical exam was provided for review. The California MTUS/ACOEM guidelines state that MRI is not recommended before one month in the absence of red flags. The Official Disabilities Guidelines further state indications for MRI in uncomplicated low back pain and spine trauma include neurologic deficits, radiculopathy, and prior surgery. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. No documentation was provided to demonstrate objective findings of neurologic deficit. In addition, no documentation of recent conservative treatment methods such as physical therapy, home exercise program, manual manipulation and/or acupuncture, nor x-ray results were provided. There is no evidence of a significant change in symptoms or findings suggestive of significant pathology. Therefore, the request for MRI of the lumbar spine was not medically necessary.