

<b>Case Number:</b>	CM14-0123132		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Tennessee. 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:

CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It is noted that the patient just had an MRI in May of 2013, and there are no significant changes in the patient's condition to warrant repeat imaging in such a short time frame. In addition, in the reports provided for review, there is no documentation of focal neurological deficits noted on physical examination. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI lumbar spine w/dye was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back - MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints Chapter.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It is noted that the patient just had an MRI in May of 2013, and there are no significant changes in the patient's condition to warrant repeat imaging in such a short time frame. In addition, in the reports provided for review, there is no documentation of focal neurological deficits noted on physical examination. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI lumbar spine w/dye was not medically necessary.