

<b>Case Number:</b>	CM14-0128286		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Occupational 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 patient is a 35-year-old male who was injured on 05/04/2014 when he slipped while carrying 2 buckets of ice. Follow-up note dated 07/02/2014 indicates the patient presented to the office with complaints of low back pain associated with right buttock pain. He noted that he has been taking muscle relaxers as well as Tylenol #3. On exam, the lumbar spine exhibits flexion to 21 degrees; extension to 80 degrees; right lateral bending to 80 degrees and left lateral bending to 60 degrees. Motor muscle strength was 5/5 in bilateral lower extremities. Straight leg raise causes low back pain but otherwise negative bilaterally. He is diagnosed with lumbosacral spondylosis and displaced lumbar intervertebral disc disease. He was recommended for MRI of the lumbar spine and to begin physical therapy. Prior utilization review dated 08/08/2014 states the request for magnetic resonance imaging (MRI) of the lumbar spine, without contrast as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Lumbar Spine, without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Magnetic Resonance Imaging (MRI)

**Decision rationale:** According to MTUS and ODG guidelines, lumbar magnetic resonance imaging (MRI) may be recommended when there are red flags or evidence of neurologic deficit. In this case, a request is made for a lumbar MRI, due to failure to improve for 2 months after injury, for a 35-year-old male injured on 5/4/14 with low back pain. Records document low back and right buttock pain. There are no complaints of leg pain, numbness or weakness. There are no findings of radiculopathy on examination. There is no suggestion or suspicion of a red flag condition. The patient has not failed physical therapy, which was requested concurrently with the lumbar MRI. Medical necessity for lumbar MRI is not established at this time; therefore, the request is not medically necessary.