

<b>Case Number:</b>	CM14-0138961		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal 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 claimant is a 61-year-old male who sustained an industrial injury on 05/27/2011. The mechanism of injury was not provided for review. His diagnoses include right shoulder impingement, right rotator cuff tear s/p arthroscopic repair, lumbar disc displacement, and chronic low back pain. He complains of right shoulder and low back pain and on physical exam there is +3 spam and tenderness of the bilateral lumbar paraspinal muscles from L2- S1. There is decreased range of motion of the lumbar spine and the Kemp's test, straight leg test and Braggard's test were all positive bilaterally. The Yeoman's test was positive on the right and the left patellar and right Achilles reflexes were decreased. Treatment in addition to surgery has included medications including topical compounds. The treating provider requested a Post-Operative 3D MRI of the Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative 3D MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK, MRIs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

**Decision rationale:** Per the documentation the claimant had an MRI of the LS spine in 06/23/2014 which demonstrated multiple disc herniations and modic type II changes at L3-4, L4-5, and L5-S1. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. In addition, the request is for a post-operative MRI and there is no documentation indicating the type of surgical procedure performed. There is no specific indication for the requested 3D MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.