

<b>Case Number:</b>	CM14-0157416		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 New York. 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 51-year-old male who sustained an industrial injury on 08/25/2013. The mechanism of injury was not provided for review. His diagnoses include left hip and low back pain. On physical examination there is significant tenderness over the left posterior superior iliac spine and left anterior superior iliac spine; tenderness to bilateral lumbar paraspinals; moderately decreased lumbar range of motion; intact sensation; 1/4 bilateral patellar and Achilles deep tendon reflexes; positive facet loading and positive left straight leg raising. Treatment has included medications, MRI studies of the lumbar spine and left hip, and EMG of the left lower extremity. The treating provider has requested an MRI of the lumbar spine w/o dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o 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- Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

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

**Decision rationale:** Per the documentation submitted, the claimant had an MRI of the lumbar spine on 09/27/13 which demonstrated multilevel spondylosis; L4-L5 broad-based posterior disc bulging, mild to moderate bilateral neural foraminal narrowing; L5-S1 broad-based posterior disc bulge with posterior annular tear and mild bilateral neural foraminal narrowing. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there have been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, or bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested MRI of the lumbar spine w/o dye is not medically necessary.