

<b>Case Number:</b>	CM14-0159041		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 underlying date of injury in this case is 01/07/2013. The date of the utilization review under appeal is 09/22/2014. The patient's diagnoses include chronic low back pain with degenerative spondylosis and myofascial pain syndrome as well as degenerative cervical spondylosis and a postconcussion syndrome. On 09/12/2014, the patient was seen in primary treating physician followup. The patient was noted to have chronic low back pain with degenerative spondylosis. A course of behavioral medicine treatment was pending. The patient reported partial relief with his current analgesic medications. No new neurological findings were noted on examination. The treatment plan included a request for a repeat lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309..

**Decision rationale:** ACOEM guidelines, Chapter 12, low back, page 309, recommends MRI imaging when there are specific red flag findings on history or neurological examination. The records do not document such red flag findings or neurological deficits at this time. A rationale or indication for a repeat lumbar MRI is not apparent from the medical records and guidelines. This request is not medically necessary.