

<b>Case Number:</b>	CM14-0168295		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Practice 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:

A 53 yr. old male claimant sustained a work injury on 6/20/10 involving the low back. He was diagnosed with chronic pain syndrome and limb pain. A progress note on 9/5/14 indicated the claimant had continued 5/10 low back pain and right leg pain. He had received physical therapy and analgesics for pain. Exam findings were notable for stiffness in the back, tingling in the right leg, spasms and reduced range of motion. The treating physician ordered an MRI of the lumbar spine and right thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Thigh:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Pain

**Decision rationale:** According to the guidelines, an MRI is indicated for red flag diagnoses. In this case, there was no plan for surgery. There was no indication of recent trauma, infection,

tumor or acute neurological findings. The request for an MRI of the thigh is not medically necessary.

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There is no indication or plan for surgery. Based on the clinical findings and lack of red flag findings or indications, an MRI of the lumbar spine is not medically necessary.