

<b>Case Number:</b>	CM14-0185156		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 59 year old female who was injured on 1/4/2006. The diagnoses are low back pain and lower extremities pain. The patient completed PT and chiropractic therapy. The provider noted subjective complaint of low back pain. There was objective finding of tenderness over the right sacroiliac joint and lumbar paraspinal muscles. The sacroiliac provocative tests and the straight leg raising test were positive. On 9/30/2014, there were subjective complaints of pain score of 6-7/10 on a scale of 0 to 10. The hand written sections of the records are illegible. The medications are Motrin and Topamax for pain. A Utilization Review determination was rendered on 10/13/2014 recommending non certification for 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:

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines MRI (magnetic resonance imaging). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI investigation can be utilized for evaluation of low back pain when clinical examination and standard radiological investigation are inconclusive. The use of MRI is indicated when there are unexplained neurological deficits and to evaluate the present of 'red flag' causes of spinal pathology that cannot be diagnosed by routine X-rays tests. The records did not indicate clinical and objective findings consistent with neurological deficits. There is no documentation of inconclusive X-rays findings of the lumbar spine findings that needed further MRI to evaluate. The subjective complaint of back pain is stable, with the severity described as moderate. The criteria for the MRI of the lumbar spine are not met.