

<b>Case Number:</b>	CM14-0021086		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	10/31/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; psychotropic medications; and unspecified amounts of physical therapy. In a utilization review report dated February 6, 2014, the claims administrator denied a request for lumbar MRI imaging, citing a lack of supporting information. The claims administrator stated that the applicant had had an earlier lumbar MRI of May 17, 2013, which was essentially negative. On March 3, 2014, the applicant was described as reporting persistent low back pain, 6/10. The applicant was reportedly on Colace, Neurontin, Buprenorphine, Tramadol, Claritin, Colace, Pravachol, Tylenol, Wellbutrin, and Hydrochlorothiazide. The applicant was reportedly a nonsmoker. Normal range of motion is noted with normal lower extremity strength despite diffuse lumbar tenderness. Normal motor function was noted on lower extremity neurologic exam, it was further noted.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 12, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnosis is being evaluated. In this case, however, the documentation on file does not suggest that the applicant is in fact actively considering or contemplating any kind of lumbar spine surgery. The applicant's well-preserved lower extremity motor function argues against the need for any kind of surgical intervention. There was no mention of any red flag diagnoses such as cauda equina syndrome, tumor, fracture, infection, etc., being suspected here. Therefore, the request is not medically necessary.