

<b>Case Number:</b>	CM14-0025058		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/13/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopaedic Surgery 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 injured worker is a 44-year-old male injured on November 13, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of pain and stiffness in the right knee as well as cervical spine and lumbar spine pain. The physical examination demonstrated tenderness spasms and decreased range of motion of the cervical spine and lumbar spine. There was also right knee tenderness and a positive McMurray's test. The treatment plan included continuing current medications and acupuncture. A request had been made for a repeat lumbar spine MRI and was not certified in the pre-authorization process on February 10, 2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Low Back - Lumbar & Thoracic (Acute & Chronic), MRI, updated June 10, 2014.

**Decision rationale:** A note in the medical record, dated January 9, 2014, stated the results of a prior lumbar spine magnetic resonance imaging (MRI) but does not indicate what data was performed. According to the American College of Occupational and Environmental Medicine (ACOEM), an MRI of the lumbar spine is not helpful in the absence of any red flags as routine imaging can result in false positive findings. Additionally, the Official Disability Guidelines (ODG) only recommend repeat imaging of the lumbar spine and states that it should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). A note in the medical record, dated January 9, 2014, stated that an MRI of the lumbar spine was being requested to assess any progression of discopathy. However, it does not state that there had been any significant change in the injured employee symptoms or other findings that would be concerning. For these reasons, this request for a repeat lumbar spine MRI is not medically necessary.