

<b>Case Number:</b>	CM14-0028024		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Therapy and Rehabilitation and is licensed to practice in LA. 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 49 year old male who was injured on 01/04/2007. The patient sustained an injury after he loaded a pallet and it fell on top of him. When he fell, he was struck by boxes. Conservative treatments included physical therapy and injections. It is noted on Spine Evaluation note dated 01/22/2014 that the patient had an x-ray of the lumbosacral spine which revealed minimal degenerative changes and multilevel anterior osteophytes, which are most severe at the lower thoracic spine and the throacolumbar junction. 01/28/2014, the patient complained of neck pain with stiffness. On exam, ranges of motion are within normal limits. There is muscle spasm at the trapezius muscles and deep tendon reflexes are 2+. Diagnosis is cervical spine spondylolisthesis with instability. The treatment plan included MRI of the lumbar spine. Prior utilization review dated 02/05/2014 denied the request for MRI of the lumbar spine as documented evidence has not been provided to establish medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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  
Page(s): 303-305.

**Decision rationale:** While the patient complains of low back pain, the medical information submitted for review does not indicate any presence of cauda equina, tumor, infection, or fracture and progressive neurologic deficits to warrant the repeat of an MRI. There was also no evidence in the supporting documentation that the patient's failure to respond to non-surgical treatment modalities for this recurrence. Based on evidence based practice guidelines, this request is not medically necessary.