

<b>Case Number:</b>	CM14-0028210		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<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 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:

According to the records made available for review, this is a 62-year-old female with a March 17, 2013 date of injury. At the time of request for authorization for MRI of lumbar spine without dye (February 24, 2014), there is documentation of subjective (constant low back pain, pain rated 8/10, pain does not radiate down to the legs, denies swelling, numbness, tingling, cramping, or spasms) and objective (lumbar flexion 40, extension 30, lateral tingling 20, tenderness along thoracic and lumbar paraspinal muscles bilaterally, pain with facet loading at L3-S1 bilaterally, negative straight leg raise bilaterally, deep tendon reflexes symmetric bilaterally, sensation intact, full strength at lower extremities) findings, current diagnoses (discogenic thoracic and lumbar condition with facet inflammation), and treatment to date (medications and activity modification). There is no documentation that plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and that the patient is considered for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR LUMBAR SPINE WITHOUT DYE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnosis of discogenic thoracic and lumbar condition with facet inflammation. However, there is no documentation that plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and that the patient is considered for surgery. The request for an MRI for the lumbar spine without dye is not medically necessary or appropriate.