

<b>Case Number:</b>	CM14-0031466		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 29, 2013. In a Utilization Review Report of January 23, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator stated that the attending provider had not documented the presence or absence of earlier diagnostic testing which may or may not have been performed. The applicant reports persistent 7/10 low back pain with associated stiffness and some shooting pain down the legs, it is stated. The applicant exhibited tenderness about the SI joint processes and positive straight leg rising. The applicant's motor function is not discussed. Electrodiagnostic testing of lower extremities, acupuncture, the applicant's old records, and MRI imaging of lumbar spine are endorsed.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations Section, page 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies such as the proposed lumbar MRI imaging should be reserved for cases in which applicants are actually considering surgery or red-flag diagnoses are being ruled out. In this case, however, there is no evidence that the applicant is actively considering or contemplating spine surgery. The requesting provider is a chiropractor, not an orthopedics or neurosurgeon. There is no clear discussion of how the proposed lumbar MRI imaging would alter the treatment plan or treatment course here. The applicant's intact, well-preserved lower extremity motor function also argues against the need for MRI imaging. Therefore, the request is not medically necessary and appropriate.