

<b>Case Number:</b>	CM14-0032570		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/22/2004
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Family 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:

This injured worker's date of injury was 12/22/2004. The patient's treating physician is treating the patient for chronic lumbar strain and pain. Based on the clinical note of the treating physician dated 12/26/13, the patient complained of bilateral Achilles tendon pain and low back pain with sciatica. On examination "straight leg raising tests bilaterally down to the knee." Sensation is absent in a stocking distribution, and there were symmetric hypo-reflexive reflexes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MRI WITHOUT CONTRAST:** 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.

**Decision rationale:** The treating physician states in his note that he is ordering the MRI of the spine at this time "to assess any significant disc pathology, nerve root impingement." The documentation does not indicate any clinical "red flags", such as bowel or bladder incontinence. There is no mention of any new injury or new asymmetric clinical finding that would warrant a new round of imaging studies. The documentation does not indicate that a surgical intervention is clinically indicated currently, which would be some 9 years after the original injury. Based on

the documentation presented, the request for a lumbar MRI is not medically necessary or appropriate.