

<b>Case Number:</b>	CM14-0034280		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Arizona. 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:

Patient is a 47 year old male with a date of injury on 5/29/2012. Patient has ongoing symptoms in the low back, and is status post decompression at L2-3 and L3-4 on 2/4/2013. Subjective complaints are of worsening low back pain, rated 10/10, with radiation to the right buttock and leg. Physical exam is noted as unchanged from prior visits, decreased lumbar range of motion, with no clear neurological deficit. Prior treatment has included surgery, physical therapy, and medications. Lumbosacral x-rays show no evidence of instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar w/o contrast:** Overturned

**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): 304.

**Decision rationale:** ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection,

fracture, neurocompression, recurrent disc herniation). The ODG also states that MRI's are test of choice for patients with prior back surgery. While this patient does not have any documented progressive neurological deficit, he is status post lumbar surgery and is having exacerbated symptoms and severe pain. Guidelines indicate that MRI's are the imaging study of choice for patients with prior back surgery. Therefore, the request for a Lumbar MRI is medically necessary.