

<b>Case Number:</b>	CM14-0051343		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 43-year-old male who was reportedly injured on September 26, 2012. The mechanism of injury was lifting a heavy table. The most recent progress note dated April 24, 2014, by internal medicine indicated that there were ongoing complaints of low back pain radiating to the neck and to the lower extremities as well as stomach pain and constipation. Current medications include cyclobenzaprine, hydrocodone, naproxen, tramadol, hydrocodone/APAP and omeprazole. The physical examination showed tenderness and spasms along the paraspinal muscles of the cervical, thoracic, and lumbar spine. There was decreased lumbar spine range of motion with pain and a positive straight leg raise test. There was otherwise a normal lower extremity neurological examination. Imaging studies of the lumbar spine showed a disc protrusion and spondylosis at L3-L4, L4-L5, and L5-S1. Previous treatment included physical therapy. A request was made for a magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on April 29, 2014.

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, MRIs, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a repeat magnetic resonance image 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 medical record did not indicate that the injured employee has had a significant change in symptoms or that there has been a significant change in objective findings since the previous lumbar spine magnetic resonance image (MRI) was performed. Considering this, the request for an MRI the lumbar spine is not medically necessary.