

<b>Case Number:</b>	CM14-0052868		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 50 year-old female who was reportedly injured on January 5, 2007. The most recent progress note dated August 20, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated 190 pound individual who is normotensive (121/84); this individual has a well-heeled surgical incision and this is tenderness palpation. Motor function is described as 4+/5. Diagnostic imaging studies were not reported in his progress note. Previous treatment includes lumbar surgery, physical therapy, multiple medications and other pain management interventions. A request was made for MRI the lumbar spine and was not certified in the pre-authorization process on April 16, 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 without contrast.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC: Lumbar MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

**Decision rationale:** As outlined in the ACOEM guidelines, an MRI is recommended when there are certain specific neurologic dysfunction is identified. Based on the physical examination there is no evidence a cauda equina, tumor, infection or fracture. Furthermore there is no progression of the neurologic deficits. There is insufficient clinical information presented to support the necessity for a repeat MRI. Therefore, this request is not medically necessary.