

<b>Case Number:</b>	CM14-0057039		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 62 year old patient that had a date of injury on 12/27/2011. In a progress noted dated 3/11/2014, subjective findings included constant lower back pain, and right knee pain. On a physical exam dated 3/11/2014, objective findings included tenderness at lower spine, positive patellar compression with decreased range of motion. Diagnostic impression shows lumbago, and joint pain in leg. Treatment to date: medication therapy, behavioral modification, MRI on 2/4/2013 showing mild stenosis and mild bilateral neural foramina narrowing at L4-L5, mild bilateral neural foramina narrowing at L5-S1, and mild dextroscoliosis of lumbar spine with tip at L1-L2. A UR decision dated 3/31/2014 denied the request for MRI of the lumbar spine, stating that there was no documentation of new neurological injury or progression of neurological deficit since patient's most recent MRI a year ago. Without new neurological pathology documented and minimal direct treatment to etiological source, an updated MRI is not likely to change or alter proposed treatment course.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter MRI.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses, where plain film radiographs are negative. The unequivocal objective findings that identify specific nerve compromise on the neurologic examination are; failure to respond to treatment, and consideration for surgery. In the latest progress report dated 3/11/2014, there was no documentation of any significant neurological findings that would warrant a new MRI since the previous one in 2013. Furthermore, plain films could not be located in the reports reviewed. Therefore, the request for MRI of lumbar spine is not medically necessary.