

<b>Case Number:</b>	CM14-0059249		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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, Pain Medicine, and is licensed to practice in Texas. 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 46 year old female who sustained an injury to her low back on 07/12/10 while performing her usual and customary duties as a driver. She stated that she drove on a "team track", when she felt and heard a popping sensation in her low back. She immediately felt pain and discomfort. The injured worker continued to work until her shift was over. She utilized ice packs and on 08/06/10, she stated she was transported via ambulance to the emergency department. She was seen by the company doctor and told that she had some neurologic damage in her low back. Medication was prescribed and she went back to work without restrictions. The injured worker was subsequently recommended for a course of physical therapy including massage, e-stim, hot/cold packs, and motion range exercise and adjustments which helped her pain momentarily. The injured worker stated that on 09/07/10, she was seen for follow up visit. magnetic resonance image report was read and all therapy was suspended. She was referred to a neurologist and placed on total temporary disability. A 2nd magnetic resonance image of the low back revealed bone fragment and spurs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MRI (magnetic resonance imaging) of the lumbar spine (DOS 02/28/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back/MRIs (magnetic resonance imaging).

**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 chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The retrospective request for an MRI (magnetic resonance imaging) of the lumbar spine (Date of service: 02/28/14) is not medically necessary. The rationale and proposed indication for this study is not apparent from the records. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant objective 'red flags' identified that would warrant a repeat study. Given the clinical documentation submitted for review, medical necessity of the retrospective request for an MRI (magnetic resonance imaging) of the lumbar spine (DOS: 02/28/14) is not indicated as medically necessary.