

<b>Case Number:</b>	CM14-0065932		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 & Rehabilitation, and is licensed to practice in California. 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 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 58-year-old male who reported an injury on 06/19/2011 due to an unspecified mechanism of injury. The injured worker had a history of neck and back pain. The diagnoses included a herniated nucleus pulposus of the cervical spine at the C5-6 and C6-7 with moderate to severe stenosis and herniated nucleus pulposus at the L4-5 and L5-S1 with mild stenosis. The past treatments included physical therapy, a functional capacity evaluation, and an epidural steroid injection. The injured worker had an MRI of the lumbar spine, of unknown date and unknown results. The medications included Percocet 10/325 mg and Terocin patch. The injured worker reported his pain a 4/10 to 7/10 using the VAS. The objective findings dated 03/24/2014 revealed non-tender lumbar spine to palpation, decreased range of motion to the cervical lumbar spine, upper extremity sensation intact, and lower extremity sensation intact. The treatment plan included 6 additional visits of physical therapy, medication, follow-up in 4 weeks, and MRI of the lumbar spine. The request for Authorization dated 07/11/2014 was submitted with documentation. The rationale was because the injured worker was considering the interventional therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**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): 300-305.

**Decision rationale:** The request for the MRI Lumbar Spine is not medically necessary. The California MTUS/ACOEM indicates that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue. The clinical notes indicate that the injured worker had an MRI of the lumbar spine; however, the MRI was not submitted provided for review. The clinical notes did not indicate any new trauma for the injured worker. As such, the request is not medically necessary.