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| <b>Case Number:</b>   | CM14-0066059 |                              |            |
| <b>Date Assigned:</b> | 05/14/2014   | <b>Date of Injury:</b>       | 07/26/2012 |
| <b>Decision Date:</b> | 06/09/2014   | <b>UR Denial Date:</b>       | 04/22/2014 |
| <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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for lumbar MRI imaging. The claims administrator stated that the applicant was improving and the improvement did not need the MRI imaging in question. The applicant's attorney subsequently appealed. A progress note dated March 31, 2014 was notable for comments that the applicant was reporting persistent low back pain. It was stated that the applicant had no longer had leg pain but did report testicular pain, reportedly severe, intense. The applicant exhibited positive straight leg raising and a normal gait on exam. Work restrictions were again endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** As noted in the ACOEM Guidelines, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no mention that surgery was being actively considered or contemplated, nor was there any mention of any red flag diagnoses such as fracture, tumor, infection, cauda equina syndrome, etc. for which more urgent lumbar MRI imaging would have been indicated. Therefore, the request is not medically necessary and appropriate.