

<b>Case Number:</b>	CM14-0073243		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/28/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54 year old male who reported an injury on 05/28/2010 with an unknown mechanism of injury. The injured worker was diagnosed with pain in the low back and osteoarthritis in the left hip. The injured worker was treated with surgery, medication, and physical therapy. The injured worker had no indications of diagnostic studies pertinent to injury. The injured worker had left total hip arthroplasty on 02/25/2014. On the clinical note dated 04/11/2014, the injured worker complained of pain when bending and pain in his lower back. The injured worker's range of motion to the hip was 70 degrees with forward flexion, 0 degrees with extension, and 10 degrees with internal and external rotation. The injured worker was prescribed Norco 10/325mg 1-2 every 4-6 hours as needed, MS 30mg daily, Cyclobenzaprine Hcl 10mg every 8 hours as needed, and Pristiq 20mg. The treatment plan was for a lumbar spine MRI. The physician recommended an MRI of the lumbosacral spine due to pain. The request for authorization was submitted for review on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for lumbar MRI is not medically necessary. The injured worker is diagnosed with pain in the low back and osteoarthritis in the left hip. The injured worker complains of some pain when bending and pain in his lower back. The California MTUS/ACOEM guidelines states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. 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. There is a lack of documentation which demonstrates that conservative care has failed to provide relief to the lumbar spine. There is a lack of documentation of significant findings of neurologic deficit upon physical examination of the lumbar spine. As such, the request for lumbar MRI is not medically necessary.