

<b>Case Number:</b>	CM14-0074633		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 and is licensed to practice in Nevada. 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 45-year-old gentleman who was reportedly injured on February 23, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated may second 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar intervertebral spaces and a left-sided facet L3 through S1. There was full lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit Previous treatment includes physical therapy, home exercise, a lumbar support brace and oral medications. A request was made for a magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): : 53, 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support a magnetic resonance image (MRI) of the lumbar spine for patients

with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. The most recent progress note dated May 2, 2014, does not have any physical examination findings indicating a radiculopathy. Considering this, the request for an MRI of the lumbar spine is not medically necessary.