

<b>Case Number:</b>	CM14-0081805		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 37-year-old gentleman who was reportedly injured on January 14, 2009. The mechanism of injury is noted as repetitive deliveries. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles. There was a negative straight leg raise test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an L4/L5 laminectomy and discectomy as well as postoperative physical therapy. A request was made for a magnetic resonance image of the lumbar spine and was not certified in the pre-authorization process on May 22, 2014.

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine supports the use of magnetic resonance image for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would

be willing to consider operative intervention. Based on the clinical documentation provided, the injured employee does not have any complaints of radicular pain nor is there any evidence of a radiculopathy on physical examination. As such, secondary to a lack of clinical documentation the request fails to meet the American College of Occupational and Environmental Medicine criteria. Therefore, the request is not medically necessary.