

<b>Case Number:</b>	CM14-0094926		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/12/1994
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, Pain Medicine and is licensed to practice in Texas. 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 an 80 year old male who sustained an injury to his low back on 09/12/94 when he was struck by a piece of equipment that fractured multiple ribs and injured his low back. He was placed on light duty for six weeks and was reinjured several months later when a platform gave way. He fell sideways, aggravated his symptoms, and was treated at that point with chiropractic manipulation. He also wore a corset and was placed on total temporary disability. The injured worker refused surgery and was considered to be permanent and stationary as of 05/95. The injured worker complained of worsening low back pain that was gradual in onset and radiated down his right leg from the buttocks laterally down the thigh, leg, and into the foot. Plain radiographs reportedly revealed degenerative arthritis in both knees; severe degenerative lumbar disc and lumbar spondylosis. Physical examination of the lumbar spine noted normal posture; level shoulders and pelvis; lordosis within normal limits; percussion of spinous processes caused pain at L5; tenderness to light touch absent; sacroiliac notch tenderness absent; Faber's test negative; range of motion flexion 60 degrees bilaterally, extension and lateral bending 25 degrees bilaterally; ambulation with slight limp; Trendelenburg's negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for magnetic resonance image of the lumbar spine is not medically necessary. Without clear evidence of neurological progression, the medical necessity of the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' on physical examination. Given this, the request for magnetic resonance image of the lumbar spine is not indicated as medically necessary.