

<b>Case Number:</b>	CM14-0098975		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/24/1978
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Emergency 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:

Patient with reported date of injury on 8/24/1978. Mechanism of injury is described as a fall from a forklift and then forklift falling on top occurring over 36years prior. Patient has a diagnosis of low back pain and lumbar radiculopathy. Medical records reviewed. Last report available until 6/11/14. The original MRI request was from a visit on 5/7/14. Patient has chronic low back pain and L lower extremity pains. Pain is unchanged and constant. Patient reportedly has had epidural steroid injection in the distant past but no surgery. Pain is reportedly 9-10/10 and medication improves pain. Objective exam reveals tenderness at L4-5 and L5-S1 with no swelling or spasms noted. No tenderness noted to bilateral sciatic notches or sacroiliac joints. Range of motion of spine is significantly decreased in all directions. Straight leg positive on L side to 30degrees. Strength in bilateral lower extremities is diffusely weak at 4/5. Sensation is also diffusely decreased. Patient walks with a cane. The follow up note after the UR denial does not mention any specific justification or need for an MRI except that there weren't any records to review. There is no note of attempts by the requesting physician to gain access to any medical records from the original treating physician. There were no noted imaging or electrodiagnostic reports available for review. Current medications include Metaxaline, Gabapentin, Benazepril, Pravastatin, Tamsulosin and aspirin. Also was on Norco and Neurontin in the past. Independent Medical Review is for MRI of lumbar spine. Prior UR on 6/2/14 recommended non certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of spinal canal, lumbar, without contrast material:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. The requesting provider has no noted any need for any procedure. The only justification for an MRI is that there was no prior MRI or records to review. There is no documentation from the provider on whether any attempt was made to gain access to the records of the patient from the prior treating provider. This patient has a chronic painful condition with a likely similar extensive medical record and likely prior MRIs. There is no documentation of the provider even asking the patient when the last time he received an MRI was. MRI of the lumbar spine is not medically necessary.