

<b>Case Number:</b>	CM14-0126694		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old male, who sustained an industrial injury on 5-22-2014. The injured worker was being treated for pain in his back and right leg. Treatment to date has included diagnostics, physical therapy, and medications. On 6-27-2014, the injured worker complains of back pain, rated 3 out of 10 (unchanged from 6-20-2014 and 6-13-2014 and improved from 8 out of 10 rating on 5-23-2014). His work status was modified and he was not working. He felt he was "not progressing". Exam noted tenderness in the right low back, decreased range of motion, and 2+ reflexes in the bilateral ankles-knees. X-ray of the lumbar spine (6-27-2014) noted five non-rib bearing lumbar type vertebral bodies with transitional anatomy at L5 and rudimentary ribs at T12 and mild L1-2 degenerative disc disease. He was taking Advil PM and Zanaflex for pain, noting addition of Relafen. On 7-22-2014, Utilization Review non-certified a request for magnetic resonance imaging of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine (low back) without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, the available documentation does not provide evidence of tissue insult, nerve impairment, or other red flags that would warrant a lumbar MRI, therefore, the request for MRI lumbar spine (low back) without contrast is determined to not be medically necessary.