

<b>Case Number:</b>	CM14-0138604		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/24/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. 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: Emergency 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 56 year old male, who sustained an industrial injury on May 24, 2004, incurring upper and lower back, bilateral shoulder and heel injuries. He was diagnosed heel pain with bilateral plantar fasciitis, lumbago and cervicalgia. Treatment included podiatry consultation, pain medications, anti-inflammatory drugs, cortisone injections, orthotics, physical therapy and exercises, modified work duty with activity restrictions. Currently, the injured worker was instructed to stand at work continuously causing persistent pain. He rated his pain 5 to 6 out of 10 on a pain scale from 0 to 10. The injured worker noted increased back discomfort and pain interfering with activities of daily living. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the lumbar spine. On July 31, 2014, a request for a Magnetic Resonance Imaging of the lumbar spine was non-approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs.

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

**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. There is no recent conservative care noted. Not a single indication for MRI is met. The request is not medically necessary.