

<b>Case Number:</b>	CM14-0140641		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 27 year old female with an industrial injury dated 08/12/2013. The injured worker's diagnoses include lumbago and unspecified thoracic/lumbar neuritis. Treatment consisted of Magnetic Resonance Imaging (MRI) in November 2013, prescribed medications, acupuncture therapy, physical therapy and periodic follow up visits. In a progress note dated 06/12/2014, the injured worker reported back pain. Objective findings revealed continued tenderness in the right paraspinal lumbar area with decrease range of motion of the spine. The injured worker's current diagnoses consisted of chronic back pain and myofascial pain. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the lumbar spine now under review.

### 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. Decision based on Non-MTUS Citation ODG Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI 2 years ago but the results are unknown. There were no neurological findings on exam that would necessitate another MRI. The request for an MRI of the lumbar spine is not medically necessary.