

<b>Case Number:</b>	CM14-0184581		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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: New York, West Virginia, Pennsylvania  
 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 38 year old female who sustained an industrial injury on 9/28/2013. Her diagnoses, and/or impressions, include: lumbar spine sprain/strain; lumbago - low back pain; lumbar radiculopathy; lumbar facet dysfunction; myalgias; and bilateral greater trochanteric bursitis. Current magnetic resonance imaging studies are not noted. Her treatments have included acupuncture; physical therapy; and medication management. The progress notes of 7/18/2014, noted complaints that included back pain for which the pain management doctor is stated to be managing. The physician's requests for treatments included a magnetic resonance imaging study of the lumbosacral spine, and plain lumbar films.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbosacral spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
 Page(s): 303-305.

**Decision rationale:** Guidelines recommend MRI of the lumbar spine in patients with unequivocal objective findings that identify specific nerve compromise in patients who do not respond to treatment and who would consider surgery an option. In this case, the patient does not have findings that suggest specific nerve compromise and documentation of failure to respond to conservative treatment. The request for MRI of the lumbar spine is not medically appropriate and necessary.

**Lumbar x-rays including flexion and extension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Guidelines state that lumbar spine x-rays are not recommended in patients with low back pain in the absence of red flags for serious spine pathology. In this case, the physical exam and clinical history did not have red flags associated with them. Thus lumbar x-rays are not medically necessary.