

<b>Case Number:</b>	CM14-0196574		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 51 yo male who sustained an industrial injury on 0/16/2014. The mechanism of injury was he slipped off a one-story roof through an awning. His diagnoses include headaches, neck pain, and low back pain. He complain of low back pain and on exam there is pain to palpation of the paravertebral muscles of the lumbar spine with limited range of motion. There are no motor or sensory abnormalities. Treatment has included medications, physical therapy and work restrictions. The treating provider has requested an MRI of the lumbar spine.

### 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 ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

**Decision rationale:** There is no documentation of any neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical

necessity for the requested service has not been established. The requested service is not medically necessary.