

<b>Case Number:</b>	CM14-0197952		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/22/2000
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old female with a 12/22/00 date of injury. At the time (10/28/14) of request for authorization for Magnetic Resonance Imaging (MRI) of the Lower Back, there is documentation of subjective (stabbing feeling in the thoracic spine that is radiating down the lumbar spine and into the buttocks) and objective (lumbar spine tenderness, facet tenderness, positive sacroiliac tenderness, Faber's, sacroiliac thrust test, Yeoman's test, Kemp's and straight leg raise, decreased lumbar spine range of motion, diffuse tenderness at the bilateral L5 dermatome, 4/5 muscle strength on bilateral big toe extension, right knee extension, and right hip flexion) findings, current diagnoses (lumbar disc disease, lumbar radiculopathy, lumbar musculoligamentous strain), and treatment to date (activity modification and medications). There is no documentation of red flag diagnoses where plain film radiographs are negative and that injured worker is considered for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Lower Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; Objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculopathy, and lumbar musculoligamentous strain. In addition, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative and that injured worker is considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Lower Back is not medically necessary.