

<b>Case Number:</b>	CM14-0206024		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of October 9, 2014. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for lumbar MRI imaging. A November 18, 2014 progress note and associated RFA form were referenced. The applicant's attorney subsequently appealed. In a progress note dated November 18, 2014, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain radiating into the left leg. Positive straight leg raising was appreciated. Usage of NSAIDs, muscle relaxants, and physical therapy were endorsed, along with restrictions. MRI imaging of the lumbar spine was sought. In an earlier note dated November 17, 2014, the applicant was placed off of work owing to ongoing complaints of low back pain radiating into the left lower extremity. Positive straight leg raising was again appreciated. It was stated that the applicant had not yet started physical therapy.

### 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 ACOEM Chapter 12 Low Back Complaints  
Page(s): 304.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there was/is no mention of the applicant's willingness to consider any kind of surgical intervention based on the outcome of the study in question, which was requested on November 18, 2014. One day prior, on November 17, 2014, the attending provider stated that the applicant had yet to begin physical therapy. It did not appear, in short, that the applicant was a surgical candidate, that the applicant had exhausted and/or failed conservative measures involving the lumbar spine, etc. Therefore, the request for MRI is not medically necessary.