

<b>Case Number:</b>	CM14-0212982		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 40-year-old gentleman with a date of injury of 04/09/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/17/2014 and 11/21/2014 indicated the worker was experiencing lower back pain. Documented examinations consistently described tenderness in the lower back. The submitted and reviewed documentation concluded the worker was suffering from neck pain, brachial neuritis, lower back pain, and a disorder of the trunk. Treatment recommendations included medications, MRI of the lower back, and modified activities. A Utilization Review decision was rendered on 12/02/2014 recommending non-certification for a MRI of the lower spine without contrast.

### 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 without contrast:** 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): 287-326.

**Decision rationale:** The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no discussion suggesting the worker had failed conservative management or indicating the worker was a surgical candidate. In the absence of such evidence, the current request for a MRI of the lower spine without contrast is not medically necessary.