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| <b>Case Number:</b>   | CM14-0043479 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 08/15/2012 |
| <b>Decision Date:</b> | 01/27/2015   | <b>UR Denial Date:</b>       | 04/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 Physical Medicine Rehab 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 injured worker is a 43-year-old male who reported an injury on 08/15/2012. The mechanism of injury was a slip and fall. His diagnoses included lumbar/lumbosacral disc degeneration. Past treatments included medications, physical therapy, and steroid injections. Diagnostic studies included an MRI of the lumbar spine performed on 09/11/2012 which was noted to reveal an L4-5 disc extrusion and L5-S1 4 mm disc protrusion. The progress note dated 03/26/2014 is partially handwritten and illegible. The note indicated decreased range of motion; however, other objective physical exam findings were illegible. His medications included tramadol HCL/APAP 37.5/325 mg and zaleplon 10 mg; frequencies not specified. The treatment plan included work restriction, continued medications, and the request for MRI of the lumbar spine. However, the rationale for the request and the Request for Authorization form were not submitted for review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM guidelines indicate lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even after pain has persisted for at least 6 weeks. More specifically, the Official Disability Guidelines recommend magnetic resonance imaging of the lumbar spine in cases of trauma, neurological deficit, or seat belt (Chance) fracture (if focal, radicular findings, or other neurological deficit is found). The clinical documentation submitted failed to provide physical examination findings of significant neurological deficit, recent trauma, or a significant change in the injured worker's condition. In the absence of this information, the medical necessity for the request cannot be established. As such, the request for MRI of the lumbar spine is not medically necessary.