

<b>Case Number:</b>	CM15-0148156		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 41 year old male, who sustained an industrial injury on 7-9-2014. The mechanism of injury was a slip and backward fall. The injured worker was diagnosed as having lumbar and cervical disc disorder with myelopathy and rotator cuff syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-22-2015, the injured worker complains of pain in the cervical, mid back, lumbar and sacroiliac pain, rated 5 out 10 with medications and 9 out of 10 with medications. Physical examination showed lumbar, sacroiliac and buttock tenderness with decreased range of motion. The injured worker also notes anxiety, stress and insomnia. The treating physician is requesting repeat lumbar magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. There is no documentation failure of progression in therapy program; there is no actual documentation of ongoing physical therapy. Pt had a reported MRI done in august 2014 but no report of this MRI was provided for review. Documentation appears to show patient with baseline back pains. No rationale for an MRI was found. MRI of lumbar spine is not medically necessary.