

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0148924 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 04/11/2011 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 07/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old woman sustained an industrial injury on 4-11-2011. The mechanism of injury is not detailed. Diagnoses include lumbar strain and let carpal tunnel. Treatment has included oral medications. Physician notes on a PR-2 dated 6-23-2015 show complaints of low back pain and left wrist numbness. Recommendations include acupuncture and lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar without contrast:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request is for an MRI of the lumbar spine in a patient with chronic low back pain who tripped over a floor outlet on 4/11/11. Very little information supporting the request is provided. At the visit of 6/23/15, the patient complained of low back pain with lumbar

tenderness and limited motion on examination. The records submitted fail to provide a detailed history or complete lumbar or neurologic examination. Details of treatment are also not provided. There appear to be no red flags warranting an MRI. Due to lack of information, the request for an MRI of the lumbar spine is not medically necessary or appropriate.