

<b>Case Number:</b>	CM15-0183932		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Preventive Medicine, Occupational 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 (n) 51-year-old male, who sustained an industrial injury on 11/21/14. The injured worker was diagnosed as having lumbar myofascial strain, rule out herniated disc. The physical exam on 1-30-15 revealed decreased lumbar lordosis and a negative straight leg raise test. Treatment to date has included Nortriptyline, Gabapentin and Alprazolam. As of the PR2 dated 6-25-15, the injured worker reports sharp pain in the low back. He indicated that he is not working. The pain increases with prolonged sitting or lying down, prolonged sitting and then going to a standing position and bending. The treating physician noted tenderness at the thoracolumbar junction, paravertebral muscle spasms and decreased lumbar range of motion. The treating physician requested a lumbar MRI. On 9-2-15, the treating physician requested a Utilization Review for a lumbar MRI. The Utilization Review dated 9-11-15, non-certified the request for a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no indication from the available documentation that the injured worker has nerve impairment or that there is a concern for spinal stenosis, cauda equine, tumor, infection or fracture. The request for MRI (magnetic resonance imaging), lumbar spine is determined to not be medically necessary.