

<b>Case Number:</b>	CM15-0028151		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Arizona, California

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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 2/27/07. The injured worker has complaints of low back pain radiating down the left lower extremity. Examination noted that he has tight paraspinal muscles noted. He has positive straight leg raise in the sitting position as 20 degrees. The diagnoses have included status post fall, rule out structural abnormalities; lumbar degenerative disc disease; lumbar radiculopathy; facet radiculopathy and obesity. The documentation noted that the requested epidural steroid injections were denied. The claimant had a prior MRI in 1/2011 that indicated disc bulging from T12-L3. The requested treatment is for MRI of the lumbar 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): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI in 2011 with no new red flag findings. The request for an MRI of the lumbar spine is not medically necessary.