

<b>Case Number:</b>	CM15-0053732		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Texas  
 Certification(s)/Specialty: Internal 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 34 year old female injured worker suffered an industrial injury on. The diagnoses included lumbar radiculitis, chronic pain syndrome, myalgia and myositis, numbness, sacroiliac joint pain, degeneration of lumbar or lumbosacral intervertebral disc and lumbago. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications, epidural steroid injections, H-wave and home exercise program. On 2/26/2015, the treating provider reported chronic neck and low back pain. The pain is rated as 9/10 without medications and 5/10 with medications. The straight leg raise was positive with tenderness and increased pain on flexion. The treatment plan included MRI of lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the lumbar spine is not medically necessary.