

<b>Case Number:</b>	CM15-0059390		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 45-year-old female, who sustained an industrial injury on 4/11/2006. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar sprain lumbosacral degenerative disc disease without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, trigger point injections and medication management. In a progress note dated 1/22/2015, the injured worker complains of worsening low back pain that radiated to the bilateral lower extremities. The treating physician is requesting lumbar magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Overturned

**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- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** MTUS Guidelines support the judicious use of lumbar MRI scanning if there is neurological dysfunction, necessary for surgical planning or worsening symptoms with a neurological component. This individual meets Guideline criteria of repeat MRI scanning. She has worsening symptoms, neurological signs and may qualify for invasive procedures/surgery. Under these circumstances, the requested MRI lumbar spine is supported by Guidelines and is medically necessary.